



Chicago Title Insurance Company

88179213

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

} ss.

Order No. \_\_\_\_\_

Herman W. Rehder being duly sworn  
states that he resides at 3601 S. Francisco Ave. in the City of  
Chicago.

That he was acquainted with Rita M. Rehder  
deceased who, at the time of her death, was one of the owners of the land in Cook  
County, Illinois, described as:

Lot 24 in Block 1 in Smith's Subdivision of the South half of the  
North East quarter of the South West quarter of Section 36, Township  
39 North, Range 13, East of the Third Principal Meridian, in Cook  
County, Illinois.

88179213

That the deceased died \_\_\_\_\_, as evidenced by a  
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 19 87

[Signature]  
Notary Public

Herman W. Rehder  
(affiant's signature)



# UNOFFICIAL COPY

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29 APR 88 2:52

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Property of Cook County Clerk's Office

13.00

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APR-28-88

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13.00



STATE OF ILLINOIS  
County of Cook

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STANLEY T. KUSPLER, JR. County Clerk

I, STANLEY T. KUSPLER, JR., County Clerk of said County, do hereby certify that the within and correct copy of the Records and Files of said County, do hereby certify that the within and correct copy of the original Record on file, all of which appear from the records and files in my office IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of the County of Cook, at my office in the City of Chicago, in said County

*Stanley T. Kuspler, Jr.*  
County Clerk

88179213

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		VITALS FILE NUMBER		
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>620653</b>
DECEASED - NAME RITA M. REHDER		SEX FEMALE	DATE OF DEATH 1 OCTOBER 07, 1982			
RACE 4a WHITE		ORIGIN OR DESCENT 4b AMERICA	AGE - LAST BIRTHDAY (Y-M-D) 5a 66	UNDER 1 YEAR 5b 1	DATE OF BIRTH (MO-DAY-YEAR) 8 MARCH 05, 1916	
CITY, TOWNSHIP, OR ROAD DISTRICT NUMBER 7a Chicago		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN (STREET AND STREET AND NUMBER) 7c JACKSON PARK HOSPITAL		IF ADMITTED BY (NAME AND STREET AND NUMBER) 7d IN-PATIENT		
STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY) 8 ILLINOIS		CITIZEN OF WHAT COUNTRY 9 U.S.A.		NAME OF SURVIVING SPOUSE (NAME AND STREET AND NUMBER) 11 HERMAN REHDER		
SOCIAL SECURITY NUMBER 12 354-01-3795		INDUSTRIAL OCCUPATION 13a Cafeteria Worker		KIND OF BUSINESS OR INDUSTRY 13b Bell Telephone		
RESIDENCE STREET AND NUMBER 14a 3601 SO. FRANCISCO		CITY, TOWNSHIP, OR ROAD DISTRICT NO. 14b CHICAGO		STATE 14c ILLINOIS		
FATHER - NAME FIRST LAST 15 DENNIS FAUGHT		MOTHER - MAIDEN NAME FIRST MIDDLE LAST 16 MARGARET Not Available				
INFORMANT SIGNATURE 17a <i>Margaret Reher</i>		RELATIONSHIP MOTHER		MAILING ADDRESS (STREET AND STREET AND NUMBER CITY OR TOWN, STATE ZIP) 17c 7531 SO. STONY ISLAND, CHICAGO, ILL 60649		
PART I. IMMEDIATE CAUSE 18a (a) Lymphoblastic Lymphoma		DEATH WAS CAUSED BY (ENTER ONE CAUSE PER LINE FOR (A), (B), AND (C)) 18b 1 1/2 Years				
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (I) STATING THE UNDER LYING CAUSE (A) (B) (C)						
PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN (A), (B), AND (C))		19a NO 19b				
DATE OF OPERATION IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b				
ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a 9/7/82		TO (MONTH, DAY, YEAR) 21b 10/7/82		HOUR OF DEATH 21c 04:50P		
SIGNATURE 22a <i>Peter F. Friedell, M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b 10/7/82				
NAME AND ADDRESS OF CERTIFIER 22c PETER FRIEDEL M.D. 7531 STONY CHICAGO, ILLINOIS 60649		ILLINOIS LICENSE NUMBER 22d 36-49C43				
BURIAL (CREMATION, REMOVAL (SPECIFY)) 24a Burial		CEMETERY OR CREMATORY (NAME) 24b Saint Mary		LOCATION CITY OR TOWN STATE 24c Evergreen Park, Illinois		
FUNERAL HOME NAME 25a Becvar Funeral Directors		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE 5218 S. Kedzie Av. Chicago, Illinois 60632		FUNERAL DIRECTOR'S MAILING LISTING NUMBER 25b 7640		
LOCAL REGISTRAR'S SIGNATURE 26a <i>Frederick</i>		CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60606		DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b OCT 10 1982		

A. 160.26  
B. DECEASED  
C. 5802  
D. 757  
E. PARENTS

2001  
2  
3  
CAUSE

CERTIFIER

DISPOSITION

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