



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

_____ MILTON STEINMAN being duly sworn
states that He resides at 5636 N. COURTLAND AVE in the City of
NORWOOD PARK, ILL

That He was acquainted with VERONICA M. STEINMAN
deceased who, at the time of HER death, was one of the owners of the land in COOK
County, Illinois, described as: LOT 142 IN MONTEREY MANOR, 2ND ADDITION a SUBD.
IN LOTS 11, 12 & IN PART OF LOTS 9 & 10 IN PENNOYER & OTHERS' SUBD. of the
ESTATE OF JAMES PENNOYER in SECTIONS 1, 2, 11 & 12, TOWNSHIP
40 NORTH, RANGE 12, East of the 3rd Principal Meridian,
according to the PLAT thereof recorded NOV 19, 1956 as
Document Number 1675878 in Cook County, ILL

That the deceased died JAN 16, 1985, 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.

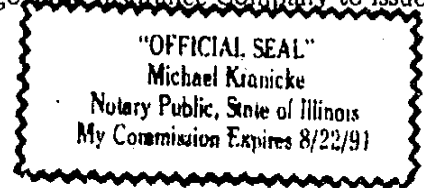
Subscribed and sworn to before me by the said

MILTON STEINMAN

this 10th day of MAY, A.D. 1988

Michael Kranicke

Notary Public



X Milton Steinman
(affiant's signature)

88198948

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16		STATE OF ILLINOIS		STATE FILE NUMBER									
REGISTERED NUMBER 2		MEDICAL CERTIFICATE OF DEATH											
DECEASED—WIFE		FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)								
1. Veronica M. Steinman		2. Female		3. January 16, 1985									
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) OR OTHER		ORIGIN OR DESCENT		AGE (LAST BIRTHDAY)		UNDER 1 YEAR (MONTHS, DAYS, HOURS, MIN.)		DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH			
4a. White		4b. AMERICAN		5a. 68		5b.		5c.		6. Jan. 6, 1917		7a. Cook	
CITY, TOWN, ETC. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)										IF HOSP OR INST. INDICATED DO NOT ENTER IN DISPOSITION	
7b. Melrose Park		7c. Westlake Community Hospital										7d. Inpatient	
STATE OF BIRTH (NOT IN U.S.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)							
9. Pennsylvania		9. U.S.A.		10. Married		11. Milton STEINMAN							
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)		WAR OR DATES OF SERVICE					
12. 340 14 7195		13a. HOUSEWIFE		13b. OWN HOME		13c. NO		13d. NONE					
RESIDENCE—STREET AND NUMBER		CITY, TOWN, ETC. OR ROAD DISTRICT NO.		INCISE CITY		COUNTY		STATE					
14a. 5636 No Courtland Ave		14b. Norwood Park		14c. Yes		14d. Cook		14e. Illinois					
FATHER—NAME		MOTHER—MAIDEN NAME											
15. MICHAEL SYNAVITZ		16. Antoinette JOSCAVITZ											
IMPORTANT HOME PHONE NO.		RELATIONSHIP		MAILING ADDRESS (STATE AND ZIP CODE)									
17a. Joanne D. Lancy		17b. none		17c. 1225 W. Superior St. Melrose Park Ill.									
DEATH WAS CAUSED BY		PART 1										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. Myocardial Infarction		19. 1 hour											
CONDITIONS, IF ANY WHICH WERE RISE TO WHICH CAUSE (SEE PART 18) OR AS A CONTRIBUTING CAUSE (SEE PART 19)													
PART 2 OTHER SIGNIFICANT CONDITIONS (DO NOT ENTER IF NOT RELATED TO CAUSE GIVEN IN PART 1)		DATE OF OPERATION (IF ANY)		MAJOR FINDINGS OF OPERATION		IF REMAINS, WAS THERE A PREGNANCY IN LAST THREE MONTHS?							
20a. None		20b. None		20c. None		20d. NO		20e. YES () NO (X)					
LOCAL HEALTH DEPARTMENT TO BE DECEASED AND DATE OF DEATH		MONTH, DAY, YEAR		WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		HOUR OF DEATH							
21a. Jan 16 1985		21b. 1985		21c. YES		21d. 4:15 PM							
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		DATE SIGNED (MO., DAY, YEAR)											
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER		TYPE OR PRINT		ILLINOIS LICENSE NUMBER							
22b. EDWARD E. GARDEN, MD		22c. 300 N. LaSalle St. Chicago, Ill.		22d. MD		22e. 38-3450							
23. NOTE: IF A CORNER HAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.													
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		STATE		DATE (MONTH, DAY, YEAR)			
24a. BURIAL		24b. ST. ROBERT		24c. NILES ILLINOIS		24d. NILES ILLINOIS		24e. ILLINOIS		24f. JAN. 19, 1985			
GENERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN							
25a. NILES FUNERAL HOME, 830 TALBOT, PARK RIDGE, ILLINOIS 60069		GENERAL DIRECTOR'S SIGNATURE		GENERAL DIRECTOR'S OFFICE TELEPHONE NUMBER									
25b. [Signature]		25c. 4104											
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)											
26a. [Signature]		26b. Jan 17 1985											

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE Jan 15 1985 SIGNED [Signature]
AT MELROSE PARK, Illinois OFFICIAL TITLE DEPUTY REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, Illinois. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

88198948

UNOFFICIAL COPY

Mailing Address
5636 N. Courtland
Norwood Park, Ill 60631

Property of Cook County Clerk's Office



DEPT-91 RECORDING \$13.25
THRU TRN 1530 03/19/88 11:12:00
#1590 #4 *55-198948
COOK COUNTY RECORDER

RECEIVED
MAR 21 1988

88198338
88198338

001 1988