

88233294



ATTORNEYS' TITLE GUARANTY FUND, INC.

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close
2166674*

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

JOINT TENANCY AFFIDAVIT

CLARA ROSE SCHOEPS, hereinafter referred to as the affiant, states under oath that the affiant resides at 4713 W. ADDISON, CHICAGO, IL 60641 in the City of CHICAGO, Illinois; that the affiant was acquainted with ROSE VAN HOOSER, the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in COOK County, Illinois, and legally described as follows:

LOT 3 (EXCEPT THE EAST 17 FEET THEREOF) IN KOESTER AND ZANDERS RESUBDIVISION OF BLOCKS 1, 3, 4, 5, 6, 7 AND WEST HALF OF BLOCK 2 OF WIRT AND GILBERTS SUBDIVISION OF THE WEST HALF OF THE SOUTH WEST QUARTER (EXCEPT THE EAST 40 ACRES) OF SECTION 22, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS**

P.I.N. 13-22-301-002-0000/ 4713 W. ADDISON, CHGO., IL 60641

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on 1/11/74, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$50,000.00, and that the value of the above property individually was \$0 -.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. to issue its policy of title insurance on the above described property.

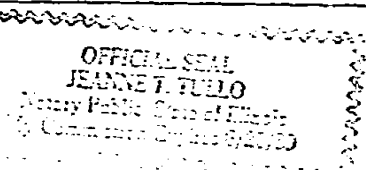
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorneys' Title Guaranty Fund, Inc. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1) Claims against the estate of ROSE VAN HOOSER, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.

Clara Rose Schoeps (Seal)
CLARA ROSE SCHOEPS (Seal)

Subscribed and Sworn to before me this 18th day of MAY, 1978.

J. T. Ullrich
Notary Public



NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection.
A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

88233294

UNOFFICIAL COPY

Property of Cook County Clerk's Office

88233294

UNOFFICIAL COPY

1300 MAIL

88-233294

RE233294

Property of Cook County Office

MEDICAL CERTIFICATE

01 31

141444 TRAN 2848 96/01/88 10:05:08
80614 B D * 88-233294
COOK COUNTY RECORDER
DEPT-01

COOK COUNTY RECORDER
141444 TRAN 2848 96/01/88 10:05:08
80614 B D * 88-233294

Medical Certificate form with fields for patient name, address, date of birth, sex, race, and medical history. Includes a section for 'PHYSICIAN'S STATEMENT' and 'PATIENT'S STATEMENT'. The form contains handwritten entries and is partially obscured by a watermark.

UNOFFICIAL COPY

January 16, 1974
88233294

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

I, Murray C. Brown, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed.



Murray C. Brown
LOCAL REGISTRAR

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

600970

STATE FILE NUMBER

717

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

1. DECEASED - NAME: Rose Van Hoosey SEX: Female DATE OF DEATH: January 11, 1974

2. RACE: White BIRTH: Under 1 year DATE OF BIRTH: January 11, 1974 PLACE OF BIRTH: Cook

3. AGE: 59 HOURS: 17 MIN: 17 DATE OF DEATH: January 11, 1974 COUNTY: Cook

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago (IF NOT IN EITHER, GIVE STREET AND NUMBER)

5. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois CITIZEN OF WHAT COUNTRY: U.S.A. NAME OF SURVIVING SPOUSE (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY): Belmont Community Hospital

6. SOCIAL SECURITY NUMBER: 14-4379 USUAL OCCUPATION: house wife

7. RESIDENCE: Illinois STATE: Cook COUNTY: Chicago CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago (IF NOT IN EITHER, GIVE STREET AND NUMBER)

8. FATHER - NAME: Frank Klassen MOTHER - MAIDEN NAME: Barbara Petres

9. INFORMANT'S SIGNATURE: Mildred M. Nelson RN RELATIONSHIP: 17b. Records MAILING ADDRESS: 176. 4058 W. melrose Chicago, Illinois 60641

10. DEATH WAS CAUSED BY: Acute Heart Failure IMMEDIATE CAUSE: 2 hrs

11. OTHER SIGNIFICANT CONDITIONS: Arteriosclerotic Heart Disease YEARS: years

12. OTHER SIGNIFICANT CONDITIONS: Diabete mellitus YEARS: years

13. DATE OF OPERATION, IF ANY (MAJOR FINDINGS OF OPERATION): None

14. I ATTENDED THE DECEASED FROM: February 4, 1962 TO: January 11, 1974 HOUR OF DEATH: 2:10 P.M.

15. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

16. SIGNATURE: L.K. Schwaninger MD DATE SIGNED: Jan 12, 1974 ILLINOIS LICENSE NUMBER: 16241

17. MAILING ADDRESS - CERTIFIER: 1958 Milwaukee Avenue Chicago Illinois 60647 STREET AND NUMBER OR R. D.: 24b. OAK HILLS CITY OR TOWN: Chicago STATE: Illinois ZIP: 60647

18. BUREAU OF CREMATION: Funeral Home LOCATION: 24c. Aylarville, Ill. CITY OR TOWN: Chicago STATE: Illinois DATE: JAN. 14, 1974

19. FUNERAL HOME: DAEGER FUNERAL HOME STREET AND NUMBER OR R. D.: 3526 N. Cicero Ave CITY OR TOWN: CHICAGO, ILL. STATE: Illinois ZIP: 60641

20. FUNERAL DIRECTOR'S SIGNATURE: Mildred M. Nelson FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 5701

21. LOCAL REGISTRAR'S SIGNATURE: Murray C. Brown DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JAN 13 1974

22. CHICAGO BOARD OF HEALTH: Chicago City Center, Room 105 Chicago, Illinois 60602-766. CHICAGO BOARD OF HEALTH: Chicago City Center, Room 105 Chicago, Illinois 60602-766. CHICAGO BOARD OF HEALTH: Chicago City Center, Room 105 Chicago, Illinois 60602-766.

23. ILLINOIS DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS. (BASED ON 1968 U.S. STANDARD CERTIFICATE)