

UNOFFICIAL COPY



Chicago Title Insurance Company

88253081

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

H. MAXINE KRAMER

being duly sworn

states that she resides at 1612 Blackthorn Drive in the City of Glenview, Illinois 60025

That she was acquainted with KERMIT R. KRAMER deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 11 in Block 3 in Tall Trees Unit 3, a subdivision in the South West 1/4 of Section 26, Township 42 North, Range 12, East of the Third Principal Meridian.

That the deceased died July 18, 1937, 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 Cook County, Illinois about August 6, 1987

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

H. Maxine Kramer

88-253081

this 27th day of February, A.D. 1985

Notary Public

H. Maxine Kramer
(affiant's signature)



132/E

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Property of Cook County Clerk's Office



PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE
DECEASED'S BIRTH

374 UNOFFICIAL COPY

88253081

REGISTRATION DISTRICT NO. 16.0B
REGISTERED NUMBER

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

A DECEASED

NAME: *Kenneth E. Kusmer* SEX: *Male* DATE OF BIRTH: *July 18 1922* MONTH: *July* YEAR: *1922*
 OCCUPATION: *Cook*
 RESIDENCE: *Glenview, Illinois* NATIONALITY: *American* AGE: *65*
 STATE: *Illinois* COUNTRY: *USA* MARRIED: *Married* NAME OF SPOUSE: *H. Maxine Hetzler*
 ADDRESS: *1612 Blackthorn Drive, Glenview, IL 60025* BUSINESS OR INDUSTRY: *Engineer* TYPE OF BUSINESS OR INDUSTRY: *Electrical*
 WAS DECEASED SERVING IN U.S. ARMED FORCES? *Yes* WAR OR DATES OF SERVICE: *WW II*

B PARENTS

FATHER: *Frank Kramer* MOTHER: *Donna Ferry*
 DECEASED'S NAME: *H. Maxine Kramer* RELATIONSHIP: *Wife* MAILING ADDRESS: *1612 Blackthorn Dr., Glenview, IL 60025*

C CAUSE

1. I CERTIFY THAT I AM A LICENSED PHYSICIAN AND AM QUALIFIED TO STATE THE CAUSE OF DEATH.
 2. I CERTIFY THAT I AM A LICENSED PHYSICIAN AND AM QUALIFIED TO STATE THE CAUSE OF DEATH.
 3. I CERTIFY THAT I AM A LICENSED PHYSICIAN AND AM QUALIFIED TO STATE THE CAUSE OF DEATH.
 CAUSE OF DEATH: *ATHEROSCLEROTIC CARDIOVASCULAR DISEASE*

D CERTIFIER

NAME: *Dr. Yusef Koradei* DATE: *July 18 1987*
 SIGNATURE: *Dr. Yusef Koradei* DATE: *July 19 1987*

E DECEASED

PLACE OF BURIAL: *Cremation* CEMETERY: *Belford* LOCATION: *Elmhurst, IL* DATE: *July 20, 1987*
 ADDRESS: *1249 Waukegan Rd., Glenview, IL 60025*
 SIGNATURE: *Henrie Brown* DATE: *July 20, 1987*

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 July 20, 1987 SIGNED *Henrie Brown*
AT Evanston , Illinois OFFICIAL TITLE Local Registrar

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. 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.