



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

} ss.

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

PAUL C. FRASER

being duly sworn

states that I resides at 706 LARSEN AVE,  
STREAMWOOD, IL, 60107 in the City of

That I was acquainted with HERTA E. FRASER

deceased who, at the time of HER death, was one of the owners of the land in COOK  
County, Illinois, described as:

LOT 5194 IN WOODLAND HEIGHTS UNIT 12,  
BEING A SUBDIVISION IN SECTION 25, 26 AND 35,  
TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD  
PRINCIPAL MERIDIAN IN THE VILLAGE OF STREAMWOOD,  
COOK COUNTY, ILLINOIS, RECORDED IN RECORDER'S OFFICE  
MARCH 6, 1970 AS DOCUMENT 21099951 IN COOK COUNTY,  
ILLINOIS

06-26-413-024 dm.

That the deceased died ON JUNE 10, 1988, 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.

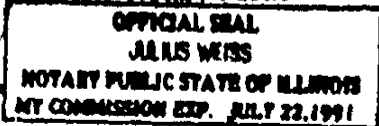
Subscribed and sworn to before me by the said

PAUL C. FRASER

this 12 day of JULY, A.D. 19 88

Judith Weiss

Notary Public



X Paul C. Fraser  
(affiant's signature)

88304906

UNOFFICIAL COPY

Property of Cook County Clerk's Office

X3 Mail

COOK COUNTY CLERK'S OFFICE  
100 N. LAUREL ST. CHICAGO, IL 60602  
TEL: (773) 399-3000 FAX: (773) 399-3001  
WWW.COOKCOUNTYCLERK.COM

88304906

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER DECEASED - NAME

HERTA E. FRASER

Female

DATE OF BIRTH - MONTH, DAY, YEAR 6/10/1883 June 10, 1883

RACE - WHITE, SEX - Female, COLOR - White, ORIGIN OR DESCENT - German

AGE - LAST BIRTHDAY 65, 70

DATE OF DEATH - MONTH, DAY, YEAR Dec 10, 1917

PLACE OF DEATH - CITY, COUNTY, STATE AND NUMBER OF HOUSE OR APARTMENT 2 Cook

1. NAME OF DECEASED Herta E. Fraser

2. HOFFMAN ESTATES

3. NAME OF SURVIVING SPOUSE - Maiden name of wife Paul Fraser

4. PLACE OF BIRTH - CITY, COUNTY, STATE AND NUMBER OF HOUSE OR APARTMENT 2 Cook

5. EAST PRUSSIA

6. CITIZEN OF THIS COUNTRY 1. USA

7. MARRIED

8. NAME OF SURVIVING SPOUSE - Maiden name of wife Paul Fraser

9. PLACE OF BIRTH - CITY, COUNTY, STATE AND NUMBER OF HOUSE OR APARTMENT 2 Cook

10. SOCIAL SECURITY NUMBER 2307-40-5215

11. USUAL OCCUPATION 1. Homemaker

12. KIND OF BUSINESS OR INDUSTRY 1. Homemaking

13. NAME OF SURVIVING SPOUSE - Maiden name of wife Paul Fraser

14. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

15. RESIDENCE STREET AND NUMBER 706 Larson Avenue

16. CITY, TOWN, TWP OR ROAD DISTRICT NAME Streamwood

17. COUNTY Cook

18. STATE ILLINOIS

19. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

20. FATHER - NAME Johannes

21. MOTHER - NAME Lubach

22. NAME OF SURVIVING SPOUSE - Maiden name of wife Emmi

23. STATE ILLINOIS

24. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

25. PREDECESSOR NAME (TYPE OR NAME) Paul Fraser

26. RELATIONSHIP Husband

27. ADDRESS STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP 706 Larson Av., Streamwood, Ill 60107

28. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

29. DEATH WAS CAUSED BY

30. MEDICAL CAUSE

31. DEATH OCCURRED AT THE PLACE OF RESIDENCE

32. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

33. CONDITIONS OF DEATH

34. NAME AND ADDRESS OF CERTIFIER

35. NAME OF ATTESTING PHYSICIAN IF OTHER THAN CERTIFIER

36. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

37. DATE OF OPERATION, IF ANY

38. MAJOR FIBROUS OR OPERATION

39. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

40. TO THE BEST OF MY KNOWLEDGE

41. DATE OF DEATH

42. DATE SIGNED

43. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

44. I, THE CERTIFIER, HAVE READ THE DECEASED'S HISTORY AND LAST SAW NUMBER ALIVE ON

45. DATE OF DEATH

46. DATE SIGNED

47. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

48. SIGNATURE OF CERTIFIER

49. NAME AND ADDRESS OF CERTIFIER

50. NAME OF ATTESTING PHYSICIAN IF OTHER THAN CERTIFIER

51. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

52. SIGNATURE OF ATTESTING PHYSICIAN

53. NAME AND ADDRESS OF ATTESTING PHYSICIAN

54. NAME OF ATTESTING PHYSICIAN IF OTHER THAN CERTIFIER

55. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

56. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

57. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

58. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

59. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

60. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

61. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

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63. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

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66. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

67. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

68. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

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70. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

71. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

72. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

73. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

74. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

75. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

76. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

77. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

78. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

79. NAME OF DECEASED EVER IN U.S. ARMED FORCES YES / NO

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths and deaths.

SIGNED: *William McHenry*

DATE: JUN 14 1988

Official Title Deputy Registrar At Cook County Dept of Public Health 610 S. Dearborn St. Chicago, Ill. 60616

UNOFFICIAL COPY

Form with fields for registration number, name, date of birth, date of death, cause of death, certifier information, and signatures.

UNOFFICIAL COPY

PAUL C. FRASER

706 LARSEN AVE

STREAMWOOD

IL 60107

Property of Cook County Clerk's Office



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#13.25  
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42133 # C \* 88-304906  
COOK COUNTY RECORDER