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88355681



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

ROBERT WALTER RYAN being duly sworn
states that he resides at 3246 SOUTH HAMILTON AVENUE in the City of
CHICAGO, ILLINOIS

That he was acquainted with VIRGINIA DARGIS RYAN
deceased who, at the time of her death, was one of the owners of the land in COOK
County, Illinois, described as:

Lot Twelve (12) in John G. Earle's Subdivision of that
part of Block Seventeen (17) lying South of the alley
in S. J. Walker's Subdivision of the North West Quarter
($\frac{1}{4}$) of Section Thirty-One (31), Township Thirty-Nine (39)
North, Range Fourteen (14), East of the Third Principal
Meridian, in Cook County, Illinois.

88355681

3246 SOUTH HAMILTON, CHICAGO, IL 60608

PIN 17-31-107-029

That the deceased died June 20, 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 Twenty-Two Thousand (\$22,000.00) dollars.

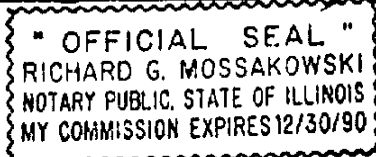
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 21 day of August, A.D. 19 88

Richard G. Mossakowski
Notary Public

Robert W. Ryan
(affiant's signature)



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Property of Cook County Clerk's Office



ROBERT WALTER RYAN
3246 So. HAMILTON AVENUE
CHICAGO, ILLINOIS ~~60608~~ 60608

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1 2 3 4 5 6 8

August 8, 1988.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO SS

I, LONNIE C. EDWARDS M.D. M.P.A., 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 WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

STATE FILE NUMBER

612405

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. DECEASED NAME: VIRGINIA D. RYAN
 2. SEX: FEMALE
 3. DATE OF BIRTH: JUNE 20 1988
 4. COUNTY OF DEATH: COOK
 5. DATE OF DEATH: AUG 15, 1982
 6. TIME OF DEATH: 7d. D.O.A.
 7. MARRIAGE STATUS: MARRIED
 8. USUAL OCCUPATION: 13a. homemaker
 9. CITIZENSHIP: U.S.A.
 10. SOCIAL SECURITY NUMBER: 345-02-9701
 11. RESIDENCE: 3246 S. Hamilton, Chicago, Illinois
 12. MOTHER: Dargis Ewa
 13. RELATIONSHIP: son
 14. MOTHER - MAIDEN NAME: unavailable
 15. MOTHER'S ADDRESS: 3246 S. Hamilton, Chicago, Ill.

16. DEATH WAS CAUSED BY: (a) ARTERIO-SCLEROTIC CARDIOVASCULAR DISEASE
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c) OTHER SIGNIFICANT CONDITIONS

17. PLACE OF DEATH: 20a. NATURAL
 20b. DATE OF DEATH: JUNE 20 1988
 20c. TIME OF DEATH: 21c. 6:11 A.M.
 20d. MEDICAL EXAMINER'S SIGNATURE: [Signature]

21. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION RECEIVED FROM THE DEATH REPORTER, THE PLACE OF DEATH AND THE CAUSE OF DEATH ARE CORRECT AND THAT THE DEATH OCCURRED ON THE DATE AND AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS NOT RELATED TO CAUSE OR INJURY MENTIONED IN PART II.

22. LOCAL REGISTRAR'S SIGNATURE: [Signature]
 23. LOCAL REGISTRAR'S NAME: LONNIE C. EDWARDS M.D. M.P.A.
 24. LOCAL REGISTRAR'S ADDRESS: 712 West 31st St., Chicago, Ill. 60616
 25. LOCAL REGISTRAR'S PHONE NUMBER: 5954
 26. DATE RECD. BY LOCAL REGISTRAR: JUN 22 1988
 27. LOCAL REGISTRAR'S SIGNATURE: [Signature]
 28. LOCAL REGISTRAR'S NAME: LONNIE C. EDWARDS M.D. M.P.A.
 29. LOCAL REGISTRAR'S ADDRESS: 712 West 31st St., Chicago, Ill. 60616
 30. LOCAL REGISTRAR'S PHONE NUMBER: 5954
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 36. DATE RECD. BY LOCAL REGISTRAR: JUN 22 1988

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Property of Cook County Clerk's Office

. DEPT-01 RECORDING \$13.25
. T#2222 TRAN 3351 08/08/88 12:25:00
. #1414 # 88-33-355681
. COOK COUNTY RECORDER

88355681

3.00 MAIL

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