



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

Order No. _____

EILEEN M. MITCHELL being duly sworn
states that SHE resides at 5129 So. HARDING AVE. in the City of
Chicago, Illinois 60632

That SHE was acquainted with HENRY J. MITCHELL
deceased who, at the time of HIS death, was one of the owners of the land in COOK
County, Illinois, described as:

LOT 14 IN BLOCK 1 IN SUBDIVISION OF THE EAST HALF OF THE
SOUTH WEST QUARTER OF THE SOUTH EAST QUARTER OF SECTION
11, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD
PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Tax Index No. 19-11-413-011-000
VOLUME 386

That the deceased died _____, 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

EILEEN M. MITCHELL

this 16th day of FEBRUARY, A.D. 19 89

Walter M. Knox

Notary Public

Eileen M. Mitchell

(affiant's signature)

UNOFFICIAL COPY

89074056

Eileen Mitchell
5121 So Harding
Chicago Ill
60632

Joyce Broenneke
5259 So Avers
Chicago Ill
60632

DEPT-01
\$18.00
T01111 FROM 4175 02/16/97 15:18:00
#7505 # A * 07-074056
COOK COUNTY RECORDER

Property of Cook County Clerk's Office

89074056



UNOFFICIAL COPY

I, STANLEY T. KUSPE, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kuspe, Jr.
County Clerk

STATE OF ILLINOIS **05070**

MEDICAL CERTIFICATE OF DEATH **2-026335**

REGISTRATION DISTRICT NO. **16.0**

1. NAME - FIRST MIDDLE LAST SEX AGE DATE OF BIRTH (Month, Day, Year)

HENRY J. MITCHELL MALE 65 JUNE 26, 1986

2. RACE AND ETHNICITY (Specify race, ethnicity, or both)

WHITE IRISH 65

3. DATE OF BIRTH (Month, Day, Year)

March 31, 1921

4. COUNTY OF BIRTH

COOK

5. CITY, TOWN, VILLAGE OR POST OFFICE NUMBER

BURBANK 7719 SO. LUNA

6. STATE OF BIRTH (Specify state)

ILLINOIS

7. PLACE OF BIRTH (Specify city, town, village or post office number)

IRLAND U.S.

8. MARITAL STATUS (Specify status)

MARRIED

9. NAME OF SPOUSE (Specify name, if wife)

EILEEN SULLIVAN

10. SOCIAL SECURITY NUMBER

325-26-7981

11. OCCUPATION (Specify occupation)

STAT. ENGINEER STATE OF IL.

12. RESIDENCE (Specify street and number, city, town, village or post office number, county, state)

5121 SO. HARDING AVE CHICAGO ILL. YES COOK ILLINOIS

13. FATHER - NAME (Specify name, first, middle, last)

HENRY MITCHELL

14. MOTHER - NAME (Specify name, first, middle, last)

ANN CRIBBIN

15. DEPENDENT NAME (Type on point)

EILEEN MITCHELL

16. RELATIONSHIP (Specify relationship)

WIFE

17. MAILING ADDRESS (Specify address, city, town, village or post office number, county, state)

5121 SO. HARDING, CHGO. ILL. 60632

18. DEATH WAS CAUSED BY (Specify cause)

Metastatic Colon Cancer

19. PART I (Specify part I)

Metastatic Colon Cancer

20. PART II OTHER SIGNIFICANT CONDITIONS (Specify conditions)

None

21. DATE OF OPERATION, IF ANY

June 9, 1986

22. MAJOR FINDINGS OF OPERATION

None

23. HOURS AND DATE OF THE DEATH (Specify date and time)

June 9, 1986 1:15 A.

24. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TIME TO THE CAUSE(S) STATED.

Isaac J. Cohen 6/27/84

25. NAME OF CERTIFIER (Specify name, first, middle, last)

DR. ISAAC COHEN, MD1753 W. CONGRESS PARKWAY, CHGO. IL.

26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type on point)

Dr. Philip Borzasi

27. PLACE OF DEATH (Specify place)

HOME

28. NAME OF BURIAL PLACE (Specify name)

BORZASI

29. CITY, TOWN, VILLAGE OR POST OFFICE NUMBER

ST. MARY CEMETERY

30. COUNTY OF BURIAL PLACE

EVERGREEN PARK, IL.

31. DATE OF BURIAL

JUNE 28, 1984

32. NAME OF FUNERAL HOME (Specify name)

ROBERT J. SHERENY & SONS FUNERAL HOME, 4930 N. 79th St., BURNING, IL. 60439

33. NAME OF FUNERAL HOME REPRESENTATIVE (Specify name)

Robert J. Shereny

34. LOCAL HEALTH DEPARTMENT (Specify name)

Paul Winter

35. DATE OF REPORT (Specify date)

June 1986

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W 1379
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