

# UNOFFICIAL COPY

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## Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

89139660

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

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

JOHN E. CASHMAN

being duly sworn

states that he resides at 12804 N.E. 61st Street in the City of Kirkland, Washington 98033.

That he was acquainted with ROBERT J. CASHMAN deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

See legal description attached

. DEPT-01  
. T#5555 TRAN 2362 03/30/89 14:41:00  
. #3838 + E \*-89-139660  
. COOK COUNTY RECORDER

\$13.00

That the deceased died September 27, 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 Cook County, Illinois about November 3, 1988

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 six hundred thousand 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.

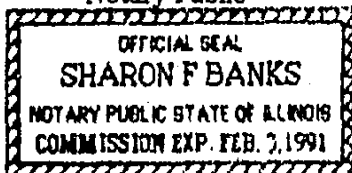
Subscribed and sworn to before me by the said

JOHN E. CASHMAN

this 28 day of March, A.D. 1989

*Sharon F. Banks*

Notary Public



FORM 3703

*John E. Cashman*  
(affiant's signature)

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## LEGAL DESCRIPTIONS

### PARCEL 1:

Lot twenty nine (29) in Block three (3) in the Subdivision of Lots twenty four (24) and twenty five (25) in the County Clerk's Division in the West half of the North East quarter of the South West quarter of Section thirty one (31), Township forty two (42) North, Range thirteen (13), East of the Third Principal Meridian, in Cook County, Illinois.\*\*

### PARCEL 2:

Lot 30 (except the North 10 feet thereof) in Block 3 in Subdivision of Lots 24 and 25 in County Clerk's Division of the West half of the North East quarter of the South West quarter of Section 31, Township 42 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.\*\*

### PARCEL 3:

The North half of Lot 28 in Block 3 in the Subdivision of Lots 24 and 25 in County Clerk's Division in the West half of the North East quarter of the South West quarter of Section 31, Township 42 North, Range 13, East of the Third Principal Meridian, Cook County, Illinois.\*\*

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REGISTERED COPY

The following is a list of the names of the persons who have been appointed as members of the Board of Directors of the Cook County Board of Directors for the year 1911. The names are listed in alphabetical order of their surnames.

The following is a list of the names of the persons who have been appointed as members of the Board of Directors of the Cook County Board of Directors for the year 1912. The names are listed in alphabetical order of their surnames.

The following is a list of the names of the persons who have been appointed as members of the Board of Directors of the Cook County Board of Directors for the year 1913. The names are listed in alphabetical order of their surnames.

1911

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.01  
REGISTERED NUMBER

# UNOFFICIAL COPY

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 660

Type or Print of Permanent Inmate, Funeral Director, Hospital, or Physician's Handbook for Instructions

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED - NAME <b>ROBERT J. CASHMAN</b>		SEX <b>MALE</b>	DATE OF DEATH - (MONTH, DAY, YEAR) <b>SEPTEMBER 27, 1988</b>	
2. RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <b>WHITE</b>	3. ORIGIN OR DESCENT <b>American</b>	4. AGE - LAST BIRTHDAY (YRS.; MOS. DAYS; HRS.; MIN.) <b>58 82</b>	5. DATE OF BIRTH - (MO. DAY, YEAR) <b>September 6, 1906</b>	6. COUNTY OF DEATH <b>COOK</b>
7a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>GLENVIEW</b>	7b. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER CITY STREET AND NUMBER) <b>GLENBROOK HOSPITAL</b>		7c. IF HOSP. OR INST. INDICATE DDA OR EMER. RM. INPATIENT (SPECIFY) <b>INPATIENT</b>	
8. STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY) <b>OHIO</b>	9. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>	11. NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE) <b>Agnes Jones</b>	
12. SOCIAL SECURITY NUMBER <b>325-28-9628</b>	13a. USUAL OCCUPATION <b>Professor</b>	13b. KIND OF BUSINESS OR INDUSTRY <b>University</b>	13c. WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO <b>No</b>	13d. WAR OR DATES OF SERVICE <b>None</b>
14a. RESIDENCE - STREET AND NUMBER <b>830 INDIAN ROAD</b>	14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>GLENVIEW</b>	14c. INSIDE CITY? YES / NO <b>Yes</b>	14d. COUNTY <b>COOK</b>	14e. STATE <b>ILLINOIS</b>
15. FATHER - NAME <b>John C. Cashman</b>		15. MOTHER - MAIDEN NAME <b>Corina Smithson</b>		
17a. INFORMANT NAME (TYPE OR PRINT) <b>JEANINE L. SPEARS</b>		17b. RELATIONSHIP <b>HOSPITAL RECORDS</b>		
18. DEATH WAS CAUSED BY (PART I) <b>3 wk</b>		18. (ENTER ONLY ONE CAUSE PER LINE FOR 18 (a), AND 18 (b)) <b>3 wk</b>		
18. (a) IMMEDIATE CAUSE <b>3 wk</b>		18. (b) DUE TO OR AS A CONSEQUENCE OF: <b>3 wk</b>		
18. (c) DUE TO OR AS A CONSEQUENCE OF: <b>3 wk</b>		18. (d) APPROXIMATE INTERVAL BETWEEN DEATH AND DATE OF DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				
20a. DATE OF OPERATION, IF ANY <b>8-29-88</b>	20b. MAJOR FINDINGS OR OPERATION <b>Carcinoma of colon</b>		20c. AUTOPSY YES / NO <b>yes</b>	20d. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? <b>yes</b>
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>September 26, 1988</b>		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? YES / NO <b>NO</b>	21c. HOUR OR DEATH <b>11:30 A.M.</b>	
22a. SIGNATURE <b>Harold G. Wedell</b>			22b. DATE SIGNED - (MONTH, DAY, YEAR) <b>9-28-88</b>	
22c. NAME AND ADDRESS OF CERTIFIER <b>HAROLD G. WEDELL (TYPE OR PRINT) 1761 RIVER DR GLENVIEW</b>			22d. ILLINOIS LICENSE NUMBER <b>36-27031</b>	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>	24b. CEMETERY OR CREMATORY - NAME <b>Hillman &amp; Rust Town-ship Cemetery</b>	24c. LOCATION <b>Hillman, Michigan</b>	24d. CITY OR TOWN <b>Hillman, Michigan</b>	24e. STATE <b>Michigan</b>
25a. FUNERAL HOME <b>Wm. H. Scott Guardian Chapel 1100 Greenleaf Avenue Wilmette, Illinois 60091</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <b>Melvin D. Lidens</b>		
25c. LOCAL REGISTRAR (NAME, ADDRESS, CITY, STATE) <b>REGISTRAR</b>		25d. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>September 29, 1988</b>		

89139660

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 SEPTEMBER 29, 1988 SIGNED C. Lewis 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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.



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