



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. _____

THOMAS MORAN being duly sworn
states that HE resides at 266 MADISON in the City of
CHALMERS CITY, IL. 60409.

That HE was acquainted with ANNE MORAN
deceased who, at the time of HER death, was one of the owners of the land in COOK
County, Illinois, described as:

THE NORTH 1/4 FEET OF LOTS 1-2-3-4 & 5 (EXCEPT THE
1 FOOT OF SAID LOTS) IN BLOCK 2- IN CHALMERS SUBDIVISION,
BEING A SUBDIVISION OF THE NORTHWEST 1/4 OF NORTHWEST 1/4
OF SECTION 12- TOWNSHIP 36, NORTH RANGE 14- EAST OF THE THIRD
PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

P.I.N. 29-12-102-04-0000

That the deceased died APRIL 1-1989, 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 61,500.00 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

THOMAS MORAN

this 13th day of April, A.D. 19 89

Catherine S. Blundell
Notary Public

Thomas Moran
(affiant's signature)

1200 EAST 12th
SOUTH HOLLAND, IL 60473

UNOFFICIAL COPY

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. **248**

CERTIFICATE OF DEATH

APR 03 1989

Date Issued *Franklin J. Oremuda, M.D.*
Hammond Health Commissioner

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME FIRST ANNE MIDDLE LAST MORAN				2 SEX Female	3 DATE OF DEATH (Mo. Day Yr.) April 1, 1989
4 SOCIAL SECURITY NUMBER 345-26-5071	5a AGE—Last Birthday (Year) 70	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Month Day Year) March 8, 1919	7 BIRTHPLACE (City and State or Foreign Country) Ireland

DECEDENT

8 YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Check only one—See Instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
9b FACILITY NAME (If not institution, give street and number) St. Margaret Hospital			9c CITY, TOWN OR LOCATION OF DEATH Hammond	9d COUNTY OF DEATH Lake	

DECEDENT

10 MARITAL STATUS—Married Never Married, Widowed, Divorced (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Thomas Moran	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker	12b KIND OF BUSINESS/INDUSTRY Own Home
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DECEDENT

13a RESIDENCE—STATE Illinois	13b COUNTY Cook	13c CITY, TOWN OR LOCATION Calumet City	13d STREET AND NUMBER 266 Madison
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DECEDENT

13e INSIDE CITY (LIMIT 1) (Yes or No) Yes	13f FARM (Yes or No) No	13g ZIP CODE 60409	14 WAS DECEASED OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify	15 RACE—American Indian, Black, White, etc. (Specify) White	16 DECEASED'S EDUCATION (Specify city, highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5 +)
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PARENTS

17 FATHER'S NAME (First, Middle, Last) Stephen Kelly	18 MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Howard
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INFORMANT

19a INFORMANT'S NAME (Type/Print) Thomas Moran	19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 266 Madison Calumet City, IL 60409	19c Relationship Husband
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DISPOSITION

20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 5, 1989 St. Mary Cemetery	20c LOCATION—City or Town, State Evergreen Park, IL
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DISPOSITION

21a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>	21b LICENSE NUMBER (of license) 1045184	21c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Homes, Inc. Hammond, Indiana 3002819
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PRONOUNCING PHYSICIAN ONLY

22a Complete item 23a-c only when certifying physician is not available at time of death to certify cause of death	22b To the best of my knowledge, death occurred at the time, date, and place stated Signature and Title <i>Naresh Kumar MD</i>	22c LICENSE NUMBER 29300	22d DATE SIGNED (Month, Day, Year) April 1, 1989
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ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

24 TIME OF DEATH 9:22 P.M.	25 DATE PRONOUNCED DEAD (Month, Day, Year) 04.01.1989	26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no)
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CAUSE OF DEATH

27 PART I Enter the disease, injuries or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardio Respiratory Arrest	Appropriate Interval Between Onset and Death
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SEE INSTRUCTIONS

IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF)	b. DUE TO (OR AS A CONSEQUENCE OF)	c. DUE TO (OR AS A CONSEQUENCE OF)	d. DUE TO (OR AS A CONSEQUENCE OF)
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CAUSE OF DEATH

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I	28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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SEE INSTRUCTIONS

29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 22) To the best of my knowledge, death occurred due to the cause(s) and manner as stated <input type="checkbox"/> PRONOUNCING AND CERTIFYING PHYSICIAN (Physician both pronouncing death and certifying cause of death) To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated <input type="checkbox"/> MEDICAL EXAMINER <input type="checkbox"/> CORONER <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

CERTIFIER

29b SIGNATURE AND TITLE OF CERTIFIER <i>R. S. Bhagwat</i>	29c LICENSE NUMBER 35493	29d DATE SIGNED (Month, Day, Year) April 3, 1989
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HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 21) (Type/Print) R. S. Bhagwat, M.D. 9112 Columbia Avenue, Munster, Indiana 46321
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HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Oremuda, M.D.</i>	32 DATE FILED (Month, Day, Year) APR 03 1989
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CORONER OR MEDICAL EXAMINER USE ONLY

33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide <input type="checkbox"/> Poisoning	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)		

59177885

UNOFFICIAL COPY

. DEPT-01 *13.00
: T#3555 TRAM #296 04/21/89 14:52:00
: #9941 # E *-89-177886
: COOK COUNTY RECORDER

Property of Cook County Clerk's Office

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