



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

LEONA CULLEN being duly sworn
states that she resides at 6307 N. Caldwell Chicago, Il. in the City of
Chicago, Il.

That she was acquainted with James Cullen
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 8, Block 30, Resubdivision of Lots 15 to 18 together
with vacant alley South and Adjacent to Lot 15 in Block
30 of Edgebrook Manor, A subdivision of Lots 27, 32, 33,
34 and 35 and that part Southwest 1/2 Lot 38 All of
Lot 39 West of Road, All of Lots 40 to 44, the Southwest
Half of 45, All of 47 to 55 in Subdivision of Bronsons
Tract of Plat of Caldwell's Reserve in Section 4

Address: 6307 N. Caldwell Chicago, Il.

P.I.N.: 13-04-102-027=0000

That the deceased died November 12, 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 May 20, 1989

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 \$200,000.00 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.

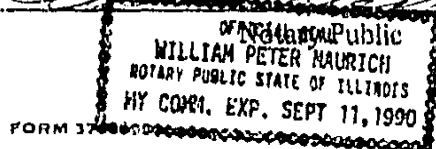
Subscribed and sworn to before me by the said

LEONA CULLEN

this 20 day of MAY, A.D. 1989

[Signature]

[Signature]
(affiant's signature)



89233725

UNOFFICIAL COPY

Property of Cook County Clerk's Office

UNOFFICIAL COPY

DEPARTMENT OF HEALTH - CITY OF CHICAGO

NOV. 15, 1988

ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LORNE 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.

09233725

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	62282A
DECEASED NAME: JAMES CULLEN	SEX: 2 MALE	DATE OF DEATH: 3 November 12, 1988
1. RACE OR DESCENT: White	DATE OF BIRTH: 6 March 9, 1925	COUNTY OF DEATH: 74 Cook
2. PLACE OF BIRTH: Chicago	HOSPITAL OR OTHER INSTITUTION: 6307 N. Caldwell	1. ILLINOIS LICENSE NUMBER: 36-057182
3. CITIZENSHIP: U.S.A.	MARRIED, NEVER MARRIED, DIVORCED, OR SEPARATED: 10. Married	NAME OF SURVIVING SPOUSE (MARRIED, NAME, OF WIFE): 11. Leona Sawicki
4. USUAL OCCUPATION: Scale Maint.	KIND OF BUSINESS OR INDUSTRY: 13. Sara Lee	12. DECEASED EVER IN U.S. ARMED SERVICES (YES OR NO): 13c. Yes
5. RESIDENCE: 6307 N. Caldwell, Chicago	CITY, TOWNSHIP OR ROAD DISTRICT NO.: 14c. Chicago	14. COUNTY: 14c. Cook
6. FATHER NAME: James Cullen	MOTHER NAME: Augusta	15. STATE: 14. Illinois
7. MARRIAGE: 17b. Wife	RELATIONSHIP: 17c. 6307 N. Caldwell, Chicago, Ill.	16. DEATH CAUSED BY: 18. METASTATIC RIGHT LUNG CARCINOMA
8. OTHER SIGNIFICANT CONDITIONS: 19. METASTATIC RIGHT LUNG CARCINOMA	20. MAJOR FINDINGS OF OPERATION: 20b. METASTATIC RIGHT LUNG CARCINOMA	21. DATE OF OPERATION: 21c. November 7, 1988
22. SIGNATURE: Lorne C. Edwards	DATE OF DEATH: 22c. 1:25 P. M. NOVEMBER 12, 1988	23. ILLINOIS LICENSE NUMBER: 36-057182
24. BUREAU OF CEMETERY: 24a. St. Adalbert	LOCATION: 24b. Niles, Illinois	25. LOCAL REGISTRAR SIGNATURE: Lorne C. Edwards, M.D. M.P.A.
26. FUNERAL HOME: 26a. Colonial Funeral Home	ADDRESS: 26b. 6250 N. Milwaukee Avenue, Chicago, Illinois 60646	27. LOCAL REGISTRAR SIGNATURE: Lorne C. Edwards, M.D. M.P.A.
28. FUNERAL DIRECTOR'S SIGNATURE: Lorne C. Edwards, M.D. M.P.A.	29. DATE RECORDED BY LOCAL REGISTRAR: NOV 15 1988	30. ILLINOIS DEPARTMENT OF HEALTH - OFFICE OF VITAL RECORDS

UNOFFICIAL COPY

89233725

Property of Cook County Clerk's Office

DEPT-01 RECORDING 13.28
142222 TRAN 6022 05/23/89 14:30:00
43092 : E * -89-233725
COOK COUNTY RECORDER



MAIL TO:
WILLIAM NAURICH
77 W. WASHINGTON #504
CHICAGO, IL 60607