



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

Order No. _____

HELENE E. MASON being duly sworn

states that SHE resides at 7441 S. EUCLID AVE in the City of
CHICAGO, ILLINOIS 60649.

That SHE was acquainted with FRED W. MASON
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as:

LOTS 32 AND 33 AND THE SOUTH 8 FEET OF LOT 34 IN
SUBDIVISION OF BLOCK 16 IN G.W. CLARKE'S SUBDIVISION
OF THE EAST HALF OF THE NORTHWEST QUARTER OF SECTION
25, TOWNSHIP 38 NORTH, RANGE 14

20-25-137-011-0000 (33+34)
20-25-137-012-0000 (32) M.

That the deceased died NOVEMBER 22, 1985, 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 ONE HUNDRED THOUSAND DOLLARS \$ 100,000.00 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 10 day of OFFICIAL SEAL, A.D. 19 89
MARIA M. PACHECO
 Notary Public
 My Commission Expires 8/17/92

Helene E. Mason
(affiant's signature)

UNOFFICIAL COPY

MAIL 13⁰⁰

Property of Cook County Clerk's Office
119592-38-265611

DEPT-01
143333 TRAN 06/12/89 15:03:00
*1293 * C *-89-265611
COOK COUNTY RECORDER

MAIL TO:

HELENE E. MASON
C/O MARVIN L. KAYNE
421 ILLINOIS AVE
GLENWOOD, IL. 60425

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

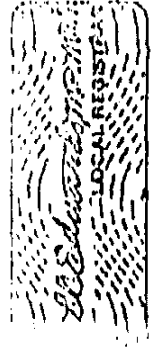
STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 623097

NOV. 25, 1985.

STATE OF ILLINOIS COUNTY OF COOK SS CITY OF CHICAGO

I, LAWRENCE 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.

9265611



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

1. NAME (LAST, MIDDLE, FIRST) MASON, FRED
 2. SEX MALE
 3. DATE OF BIRTH (MONTH, DAY, YEAR) 3. NOVEMBER 22, 1985
 4. RACE (WHITE, NEGRO, OTHER) White
 5. US BIRTH (YES OR NO) YES
 6. DATE OF BIRTH (MONTH, DAY, YEAR) 6. JAN. 15, 1902
 7. PLACE OF BIRTH (CITY, STATE, COUNTRY) Chicago, ILLINOIS
 8. CITIZENSHIP (U.S.A., OTHER) U.S.A.
 9. SOCIAL SECURITY NUMBER 12-710-18-0102
 10. US BIRTH (YES OR NO) YES
 11. DATE OF BIRTH (MONTH, DAY, YEAR) 12. 1941
 12. PLACE OF BIRTH (CITY, STATE, COUNTRY) CHICAGO, ILLINOIS
 13. MOTHER (LAST, FIRST, MIDDLE) Meseke, Lena
 14. FATHER (LAST, FIRST, MIDDLE) Richardson, Senora
 15. RELATIONSHIP (TYPE OR PRINT) HOSPITAL RECORDS
 16. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP) 172. 5841 MARYLAND CHGO, ILL.
 17. DEATH WAS CAUSED BY (SPECIFY ONE CAUSE PER LONG FORM (1), (2), AND (3)) Overwhelming sepsis
 18. IMMEDIATE CAUSE (SPECIFY ONE CAUSE PER LONG FORM (1), (2), AND (3)) Pneumonia
 19. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (SPECIFY IN PART 1) None
 20. DATE OF OPERATION, IF ANY (MONTH, DAY, YEAR) 11/18/85
 21. MAJOR FINDINGS OF OPERATION (TYPE OF PART 1) Extracapsular duct abscess
 22. DATE OF DEATH (MONTH, DAY, YEAR) 11/22/85
 23. HOUR OF DEATH (TYPE OF PART 1) 9:08A
 24. SIGNATURE (NAME AND ADDRESS OF CERTIFIER) Dr. Adrian Katz, 240. Oakwoods
 25. ILLINOIS LICENSE NUMBER T-017813
 26. FUNERAL HOME (NAME, STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP) Donnellan Funeral Home, 10525 S. Western Ave, Chicago, Ill 60643
 27. LOCAL REGISTRAR'S SIGNATURE (NAME AND ADDRESS OF REGISTRAR) Lawrence C. Edwards, M.D. M.P.A., 240. Oakwoods
 28. DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV 24 1985