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39360776
ATTORNEYS' TITLE GUARANTY FUND, INC.

89360776

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. 1121147

JAMES C. STEIN

being duly sworn

states that he resides at 1835 Sycamore Street in the City of Des Plaines

That he was acquainted with JUDITH K. STEIN

deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

89360776

THE NORTH HALF OF LOT 5 IN ROBBINS RESUBDIVISION OF LOTS 8, 9 AND 10 IN BLOCK 1 AND THE EAST HALF OF THAT PART OF LOTS 1, 2, 3 AND 4 LYING EAST OF THE WEST 33 FEET THEREOF IN BLOCK 2 OF ARTHUR T. MCINTOSH AND COMPANY'S SECOND ADDITION TO RIVERVIEW, A SUBDIVISION OF THE NORTH HALF OF THE SOUTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 28, TOWNSHIP 4 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT NO. 13136360.

Common Address: 1846 Orchard Street, Des Plaines, Illinois 60018

Permanent Tax Index No: 09-28-11(-036-0000

That the deceased died July 9, 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 Cook 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 \$40,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Attorneys' Title Guaranty Fund, Inc. to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

JAMES C. STEIN

this 27th day of July, A.D. 1989

Wayne J. [Signature]
Notary Public

X James C. Stein
(affiant's signature)

REI ATTORNEY SERVICES # 8549 1613

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351 2014

PROPERTY OF COOK COUNTY CLERK'S OFFICE
NO. 11-2014-0001
NO. 11-2014-0001
NO. 11-2014-0001
NO. 11-2014-0001

Property of Cook County Clerk's Office

MAIL TO:

WAYNE A. ADAMS
570 N. W. Hwy
SUITE 4
DES PLAINES, IL. 89360716
60016

13 Mail

89360776

REGISTRAR'S BIRTH NO. 89360776

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in Item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date July 11, 1989

Signed *David Johnson*
Official Title, Chief Deputy Registrar.

1 DECEASED NAME FIRST MIDDLE LAST JUDITH KAREN STEIN		SEX 2 FEMALE		DATE OF DEATH 3 JULY 9, 1989	
4 COUNTY OF DEATH COOK		AGE LAST BIRTHDAY 49 yrs		DATE OF BIRTH (MONTH DAY YEAR) 5d NOVEMBER 17, 1939	
6a CITY TOWN TWP OR ROAD DISTRICT NUMBER PARK RIDGE		6b LUTHERAN GENERAL HOSPITAL		6c POST OFFICE ROUTE AND NUMBER	
7 PARK RIDGE, ILL		8b JAMES G. STEIN		9 NO	
10 SOCIAL SECURITY NUMBER 324-34-1693		8d NAME OF BUSINESS OR INDUSTRY MARKET RESEARCH		12 INSIDE CITY YES	
11a CLERICAL		11b DSS PLAINES		13d YES	
12a ILLINOIS		13b ZIP CODE 60018		13c YES	
13a 1835 SYCAMORE		14b YES		13d YES	
13b ILLINOIS		14c YES		13d YES	
14 CORNELIUS		14d YES		13d YES	
15 JAMES STEIN		14e YES		13d YES	
16 HENSCHE		14f YES		13d YES	
17a HUSBAND		14g YES		13d YES	
17b 1835 SYCAMORE		14h YES		13d YES	
17c DES PLAINES, ILL.		14i YES		13d YES	
18 PART I Immediate Cause of Death (Final diagnosis or condition resulting in death)		18 PART II Other Cause of Death (Condition contributing to death but not resulting in the underlying cause given in PART I)		19a AUTOPSY YES/NO	
(a) Metastatic Breast Carcinoma		(b) Breast Carcinoma		19b YES/NO	
(c) Due to OAS as a consequence of		(d) Due to OAS as a consequence of		19c YES/NO	
20a DATE OF OPERATION IF ANY		20b MAJOR FINDINGS OF OPERATION		20c YES/NO	
21a TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME AND PLACE AND DUE TO THE CAUSE(S) STATED		21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c HOUR OF DEATH	
22a SIGNATURE <i>James R. Kaden</i>		22b DATE SIGNED <i>7-10-89</i>		21c DATE SIGNED (MONTH DAY YEAR)	
22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		22d ILLINOIS LICENSE NUMBER <i>036-056642</i>		22e NOTE IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE COMROR OR MEDICAL EXAMINER MUST BE NOTIFIED	
23a BUREAU OF VITAL RECORDS		23b CEMETERY OR CREMATORY NAME		23c LOCATION	
23d BUREAU OF VITAL RECORDS		23e MEMORY GARDENS CEM.		23f ARLINGTON HEIGHTS, ILL.	
23g FUNERAL HOME		23h STREET AND NUMBER OR R.F.D.		23i CITY OR TOWN	
23i OEHLER FUNERAL HOME 555 LEE STREET DES PLAINES, ILLINOIS 60016		23j STATE		23k DATE (MONTH DAY YEAR)	
23l FUNERAL DIRECTOR SIGNATURE <i>Michael Bueber</i>		23m LOCAL REGISTRAR SIGNATURE <i>Karen L. Scott, M.D.</i>		23n DATE (MONTH DAY YEAR)	
23o LOCAL REGISTRAR SIGNATURE <i>Karen L. Scott, M.D.</i>		23p DATE (MONTH DAY YEAR)		23q DATE (MONTH DAY YEAR)	
23r LOCAL REGISTRAR SIGNATURE <i>Karen L. Scott, M.D.</i>		23s DATE (MONTH DAY YEAR)		23t DATE (MONTH DAY YEAR)	

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to care of H. Adams
570 Northwest Hwy Suite 404
Des Plaines IL 60016



Property of Cook County Clerk's Office