

# Chicago Title Insurance Company



## DECEASED JOINT TENANCY AFFIDAVIT

89364854

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

STATE OF ILLINOIS  
COUNTY OF \_\_\_\_\_

*Robert White*  
being duly sworn

states that she resides at 810 S. 10th Ave in the City of \_\_\_\_\_  
Mammoth Ave 60153

That she was acquainted with Frank White

deceased who, at the time of her death, was one of the owners of the land in \_\_\_\_\_  
County, Illinois, located as:

Lot 3 in the subdivision of Lots 1 to 10 both inclusive in Edmund A. Cumming's Subdivision of Block 12 in the Smith's addition to Maywood being a Subdivision of the East, 693 feet of the South East Quarter and the East 693 feet of the North East Quarter of Section 10, Township 39 North Range 12, The Third Principal Meridian lying South of the Chicago and North Western Railroad, in Cook County, Illinois. Subject to covenants, conditions, and restrictions of \$13.00 15555 TRAN 914D 08/08/89 14:26:00 \$6070 ± E \* 89-364854 COOK COUNTY RECORDER

That the deceased died \_\_\_\_\_

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 \_\_\_\_\_ dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue in Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said \_\_\_\_\_

NOTARY PUBLIC

this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 19 \_\_\_\_\_ 89

Notary Public \_\_\_\_\_

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89364854

(Affiant's signature) *Robert White*

"OFFICIAL SEAL"  
Chiara Casciaro  
Notary Public, State of Illinois  
My Commission Expires 3/24/91

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Property of Cook County Clerk's Office

# UNOFFICIAL COPY

7 5 0 4 3 5 4

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE) ILLINOIS REV. 8/82

26b LOCAL REGISTRY SIGNATURE: *[Signature]*  
 26c DATE REC'D BY LOCAL REGISTRY (MONTH, DAY, YEAR): August 6, 1987

25b FUNERAL DIRECTOR'S SIGNATURE: *[Signature]*  
 25c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6897

25a Suburban Funeral Home 301 S. Fifth Ave., Maywood, IL, 60153

24b Burial: Forest Home  
 24c Forest Home, IL  
 24d DATE: Aug. 7, 1987

23b NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):  
 23c NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT):  
 Joseph C. Cho, M.D., J. CHOA M.D., 229 T 020286

22b SIGNATURE: *[Signature]*  
 22c DATE (MONTH, DAY, YEAR): Aug. 3, 1987

21b TIME AND PLACE WHEN DECEASED WAS OBSERVED: 1:20 PM  
 21c HOURS OF DEATH: 1:20 PM

20b DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION:  
 20c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS: NO

19b PART II. OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH):  
 19c AUTOPSY (YES/NO): NO

18b DEATH WAS CAUSED BY:  
 18c IMMEDIATE CAUSE: Cardiorespiratory Failure  
 18d UNDERLYING CAUSE: Pneumonia (Staph aureus)

17b HUSBAND'S NAME (TYPE OR PRINT): Charles  
 17c HUSBAND'S ADDRESS (TYPE OR PRINT): 810 S. 10th, Maywood  
 17d HUSBAND'S OCCUPATION: Self-Employed

16b FATHER'S NAME: Rebecca  
 16c FATHER'S ADDRESS (TYPE OR PRINT): 138 W. 14th

15b MOTHER'S NAME (TYPE OR PRINT): Thomas  
 15c MOTHER'S ADDRESS (TYPE OR PRINT): 138 W. 14th

14b STATE OF BIRTH: Georgia  
 14c CITIZENSHIP: U.S.A.

13b DATE OF BIRTH: Aug. 3, 1987  
 13c PLACE OF BIRTH: Cook County, IL

12b SEX: Male  
 12c RACE: White

11b REGISTERED NUMBER: 1122  
 11c DISTRICT NO: 1692

10b MEDICAL CERTIFICATE OF DEATH: 82-048/198

59364854

DISPOSITION

CERTIFIER

CAUSE

PARENTS

DECEASED

INSTRUCTIONS  
 See Funeral Director's  
 Permanent Ink  
 Type of Print in  
 Permanent Ink

*[Signature]*  
 County Clerk

AUG 1 1989

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State of Illinois, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

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COOK COUNTY CLERK'S OFFICE