

UNOFFICIAL COPY

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

90409179

DECEASED JOINT TENANCY AFFIDAVIT

AFFIANT, THOMAS E. WELDON, being duly sworn on oath, states that he resides at 3816 N. Kildare Avenue, Chicago, Illinois 60641.

He was acquainted with CLAUDETTE C. WELDON, Deceased [his late wife], who, at the time of her death, was one of the owners of the land in Cook County, Illinois, legally described as:

Lot 13 in Block 41 in Irving Park, a Subdivision in the North East Quarter of Section 22, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N.: 13-22-208-022

The Decedent died July 23, 1990, as evidenced by a certified copy of the Death Certificate of said Decedent, hereto attached as part hereof.

The Decedent died leaving no Last Will and Testament.

The total value of the Estate of the Decedent, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of her death, does not exceed the sum of \$250,000.00.

Affiant makes this Affidavit for the purpose of inducing any title insurance company authorized to do business in the State of Illinois to issue its title insurance policy, describing the above mentioned property, free of any objections or memorials relative to the Estate of said Decedent.

Thomas Weldon

SUBSCRIBED and SWORN to before me by the said THOMAS E. WELDON this August 11, 1990.

James Poplett
Notary Public

RAY E. POPLETT
ATTORNEY AT LAW

221 N. LaSalle St.
Chicago, IL 60601

90409179

13/23/90

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Property of Cook County Clerk's Office

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DEPT-01 RECORDING
\$14.25
144444 TRAN 0243 08/22/90 10:46:00
*90-409179
COOK COUNTY RECORDER

-30-409179

14/25

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JUNEAU COUNTY REGISTER OF DEEDS

35/126

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

LOCAL FILE NUMBER: _____ STATE FILING DATE: _____
STATE DEATH NO: _____

1 DECEASED'S NAME: Claudette C. WELDON
2 SEX: F 3 SOC SEC NUMBER OF DECEASED: 321-38-5946
4a PRONOUNCED DEAD DATE: July 23, 1990 4b HOUR: 4:52 P M 5 BODY FOUND: YES NO

6a AGE: 43 7 DATE OF BIRTH: June 22, 1947 8a COUNTY OF DEATH: Juneau
8b DEATH OCCURRED INSIDE: Mauston 8c (CHECK ONE): City Village Township

9 DEATH AT HOSPITAL: Inpatient Outpatient ER From Nur Hm ER From Other N H Other: 190-94 Mile 69 Mauston Exit
10 OTHER PLACE: _____ 11a HOSPITAL (AND CAMPUS) OR NURSING HOME: _____ 11b NURSING HOME LICENSE NO: _____ 12 MARITAL STATUS: Married Never Married Divorced Widowed

13a RESIDENCE STATE: Illinois 13b RESIDENCE COUNTY: Cook 13c RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP: Chicago 13d (CHECK ONE): City Village Township
14a NUMBER, STREET: 3816 Kildare 14b ZIP CODE: 60641

15 STATE OF BIRTH: Illinois 16 FATHER'S NAME: William PULASKI 17 MOTHER'S NAME: Elaenor VACKA
18 RACE: white 19 HISPANIC ORIGIN: No 20a USUAL OCCUPATION: homemaker 20b KIND OF BUSINESS: own home

21 EDUCATION: 12 22 DECEASED'S SURVIVORS: YES NO 23 SURVIVING SPOUSE: Thomas Weldon
24a INFORMANT'S NAME: Thomas Weldon 24b MARITAL ADDRESS: 3816 Kildare Chicago, Ill 60641

25 METHOD OF DISPOSITION: Burial Cremation Donation 26 PLACE OF DISPOSITION: Maryhill Cemetery Niles Ill 27 LOCALITY: Niles Ill 28 DATE SIGNED BY DEATH CERTIFICER: July 24, 1990 29 DATE RECEIVED FROM MED CERT: July 24, 1990

30a FUNERAL SERVICE LICENSE: *Christie L. Bender* 30b WI LICENSE NO: 3994 31 NAME AND MAILING ADDRESS OF FACILITY: Trandall Funeral Home 123 Elm St. Mauston, Wis 53948

32 MEDICAL CERTIFIER: CERTIFYING PHYSICIAN - To the best of my knowledge death was pronounced and occurred at the time(s) and due to the causes stated. CORONER M.E. - On the basis of examination and/or investigation in my opinion death was pronounced and occurred at the time(s) and due to the causes and manner stated.
33 DATE OF DEATH: July 23, 1990 34 ALLOPSY PERFORMED: YES NO
35 DATE SIGNED: July 24, 1990 36a MEDICAL CERTIFIER'S NAME: Robert A. Tyler Dep. Coroner 36b WI LICENSE NUMBER: 00029
37 CERTIFIER'S MAILING ADDRESS: 1114 May St. Mauston, Wis 53948 38 MANNER OF DEATH: Natural Homicide Accident Undet Suicide Pending
39 DATE OF INJURY: July 23, 1990 40 HOUR OF INJURY: 4:25 PM
41 PLACE OF INJURY: Interstate Hwy 42 INJURY AT WORK: YES NO
43a LOCATION: mile 69 190-94 Mauston, Wis 43b COUNTY: Juneau
44 REGISTRAR SIGNATURE: *Christie L. Bender, Deputy* 45 DATE RECEIVED BY REGISTRAR: July 26, 1990

46 PART I Enter the diseases, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Do not list old age or senility as sole cause.
IMMEDIATE CAUSE: Multiple skull fractures (due to or as a consequence of) Motor vehicle accident
PART II Other significant conditions contributing to death but not resulting in underlying cause given in Part I: Immediate

47 IF INJURY, DESCRIBE HOW INJURY OCCURRED: one vehicle roll-over with ejection
Accident U.C.O.D. _____ Accident Coding: _____

State of Wisconsin)
County of Juneau) ss

90409179

I, Jerilynn Kolba, Register of Deeds of Juneau County, Wisconsin, do hereby certify that this is a true copy of the record on file in this office as filed in Volume 35 of Deaths on Page 126.

Dated at Mauston, Wisconsin, this 26 day of July, 1990.

No. 110204

Jerilynn Kolba
Register of Deeds
Christie L. Bender
Deputy