

UNOFFICIAL COPY

90410147

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Jean M. Werr, being duly sworn on oath states that she resides at 9901 South Cicero, Oak Lawn, Illinois 60453.

That she was acquainted with George C. Werr, deceased who, at the time of his death, was one of the owners of the land in the County of Cook, State of Illinois, described as:

- ITEM 1. Unit 304 as described in survey delineated on and attached to and a part of a Declaration of Condominium Ownership registered on the 17th day of June, 1977 as Document Number 2945385.
- ITEM 2. An Undivided 10.23 % interest (except the Units delineated and described in said survey) in and to the following Described Premises:

LOT TEN (10) the West One Half (1/2) of the North 125 feet of the vacated alley East of and adjacent to Lot 10 and the South 10 feet of the vacated ailey East of and adjoining Lot 10, in Block Five (5) in Reamer G. Loomis Gardens, being a Subdivision in the Southwest Quarter (1/4) of the Northwest Quarter (1/4) and in the Northwest Quarter (1/4) of the Southwest Quarter (1/4) of Section 10 Township 37 North, Range 13, East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on August 9, 1955, as Document Number 1612908.

Commonly known as: 9901 South Cicero, Oak Lawn, Illinois 60453

PIN: 24-10-301-045-1010

That the deceased died on January 20, 1990, 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.
- 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 01/23.

18413 2 HONORARY VAG
SUBOFFICE CASE

14²⁵

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30470313

ZAPOLIS & CYZE
12413 S. Harlem Ave.
Palos Heights, IL 60463
(708) 561-4200

Send to:

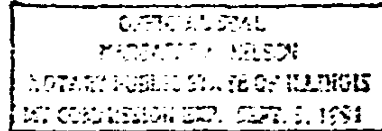
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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

X Jean M. Werr
Jean M. Werr, affiant

Subscribed and Sworn to Before
me this 2nd day of August, 1990

Michael A. Nelson
Notary Public



Property of Cook County Clerk's Office

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STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **6.0**

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST GEORGE C WERR		SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 9 JANUARY 20, 1990
COUNTRY OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR) 54 JUL 11, 1926	IF DEEP OR MUST INDICATE DOA OF OTHER AND PATIENT (SPECIFY)
AGE - LAST BIRTHDAY (YRS) MO'S DAY HOURS 63 50 50		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Christ Hospital	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 6a Married	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Chgo, Illinois		NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE) 8b Jean Moller	
SOCIAL SECURITY NUMBER 10 326-20-1756		KIND OF BUSINESS OR INDUSTRY 11a Analyst	
RESIDENCE (STREET AND NUMBER) 13a 9901 So. Cicero		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 13b Oak Lawn	
STATE 13c Illinois		INSIDE CITY (YES/NO) 13e YES	
FATHER-NAME FIRST MIDDLE LAST 14a Willie Murr		MOTHER-NAME FIRST MIDDLE LAST 14b Mrs Mabel	
INFORMANT'S NAME (TYPE OR PRINT) 16 George M. Murr		RELATIONSHIP 17b Wife	
Mailing Address (Street and No. or P.O. City or Town, State, ZIP) 17a 9901 So. Cicero Oak Lawn, IL 60453		MIDDLE (MAIDEN) LAST 18 Murr	
<p>Immediate Cause (final disease or condition resulting in death)</p> <p>(a) Escherichia Coli Infection</p> <p>CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST</p> <p>(b) Complications of liver</p> <p>PART II. Chief symptoms or findings leading to death, or other information concerning the underlying cause (print or type)</p> <p>(c) 2 WEEKS OF ILLNESS</p>			
DATE OF OPERATION, IF ANY		AUTOPSY (YES/NO) NO	
HOURS (MONTH, DAY, YEAR) AND LAST SAH (M, H, A, P) 20a 19 JANUARY 19 1990		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES () NO ()	
TO THE BEST OF MY KNOWLEDGE (DATE, TIME, DATE AND PLACE, AND DUE TO THE CAUSE (B) STATED)		HOUR OF DEATH 21c 5:12 P M	
SIGNATURE (TYPE OR PRINT) 22a [Signature]		DATE SIGNED (MONTH, DAY, YEAR) 22b JAN 24, 1990	
NAME AND ADDRESS OF IDENTIFIER (TYPE OR PRINT) 22c [Address]		ILLINOIS LICENSE NUMBER 22d 3-076-057365-1	
<p>NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.</p>			
BIRTH INFORMATION (MARRIAGE) 23a [Information]		DATE (MONTH, DAY, YEAR) 24c Jun. 25, 1990	
FUNERAL HOME 24b [Address]		STATE 24d IL	
FUNERAL HOME NAME 25a Beverly Ridge Funeral Home		CITY OR TOWN 25b Chicago	
FUNERAL HOME ADDRESS 10415 South Kedzie Ave.		ZIP CODE 60655	
LOCALITY (CITY AND STATE) 26a [Signature]		DATE (MONTH, DAY, YEAR) 26b January 24, 1990	

At Cook County Department of Public Health Official Title Chief Deputy Registrar
 1500 S. Keybrook Drive, Maywood, Illinois 60153
 Date signed **January 24, 1990**
47101490

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.

STATE OF ILLINOIS

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* Send to