



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

CARRIE KEY being duly sworn
states that I resides at 68320 WINCHESTER in the City of
Chicago - Ill

That I was acquainted with CONSTANCE-RUDOLPH
deceased who, at the time of HER death, was one of the owners of the land in COOK-COUNTY
County, Illinois, described as:

described real estate, situated in Cook County, Illinois, to wit:

Lot 218 in Englewood on the Hill 1st Addition Subdivision of
the West 1/2 of the North West 1/4 of the South East 1/4 and
the North East 1/4 of the North West 1/4 of the South East 1/4
of Section 19, Township 33 North, Range 14, East of the Third
Principal Meridian in Cook County, Illinois

That the deceased died JUNE-21-1989 evidenced by a
certified copy of death certificate of the deceased attached hereto. 90511561

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.

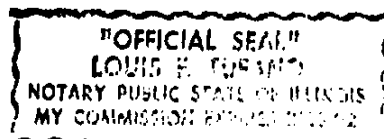
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 4 day of OCT - 4 1990, A.D. 19 _____

[Signature]
Notary Public

Carrie Key
(affiant's signature)



Notary Public of Cook County, Illinois
Louis E. Turcato
Notary Public

90484516

UNOFFICIAL COPY

90511561

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$0.00
T#1111 TRAN 8657 10/18/90 14:36:00
#5289 # A *-90-511561
COOK COUNTY RECORDER

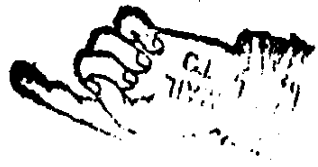
10/18/90

90511561

DEPT-01 RECORDING \$14.25
#143333 TRAN 7689 10/04/90 11:15:00
#1688 # C *-90-484516
COOK COUNTY RECORDER

90511561

Carrie Key
6832 So. Winchester
Chicago - Ill. 60636



UNOFFICIAL COPY

OCT 18 1990

90511561

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

VIRGINIA L. PARKER, M.P.A. ACTING 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE CASE NO. 612077

MEDICAL EXAMINER'S - COHONER'S CERTIFICATE OF DEATH

REGISTERED NUMBER 403 JUNE 89

DECEASED NAME: FIRST MIDDLE LAST
1. **CONSTANCE RUDOLPH**

COUNTY OF DEATH: **COOK**

DATE OF DEATH: **JUNE 21 1989**

AGE - LAST BIRTHDAY (MOS. DAYS YRS): **52 33**

SEX: **FEMALE**

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN HOME GIVE STREET AND NUMBER): **ST BERNA**

NAME OF SURVIVING SPOUSE (NAME AND NAME IF WIFE): **BOA**

MARRIED (IF UNMARRIED, WIDOWED, DIVORCED, SEPARATED): **89 DIVORCED**

EDUCATION (GIVE YEAR FINISHED GRADE COMPLETE): **9 No**

USUAL OCCUPATION: **11a HOME MAKER**

CITY, TOWN OR ROAD DISTRICT NO: **13b CHICAGO**

RESIDENCE (STREET AND NUMBER): **132 6832 S WINCHESTER**

STATE: **ILLINOIS**

ZIP CODE: **13c 60636**

COUNTY: **13d COOK**

FATHER-NAME FIRST MIDDLE LAST: **14a BLACK**

MOTHER-NAME FIRST MIDDLE LAST: **14b LINO**

RELATIONSHIP: **16 Key**

PRECEDENT STAFF NAME (IF THE CASE IS 17): **17a BARNETT J GILLS**

MAILING ADDRESS (STREET AND ROAD OR CITY, TOWN, STATE): **17c 9127 S CARPENTER CHICAGO ILL**

18 PART I (For the attention of coroners and medical examiners only. Do not use the number of items listed in parentheses. List only one cause on each line.)

Immediate Cause (Final disease or condition resulting in death): **(c) HYPERTENSIVE CARDIOVASCULAR DISEASE**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) DISEASE**

19 PART II (Other highlights including contributing to death but not resulting in the underlying cause given in PART I)

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY): **20a NATURAL**

DATE OF INJURY (MONTH DAY YEAR): **20b JUNE 21 1989**

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.) (SPECIFY): **20c HOME**

LOCATION (CITY, VIL OR TOWN OR VILLAGE, DISTRICT NO., COUNTY, STATE): **20d CHICAGO ILLINOIS**

HOUR: **20e 5:50 PM**

THE DECEASED WAS PROMOUNCED DEAD ON: **21a JUNE 21 1989**

DATE SIGNED: **21b JUNE 21 1989**

CORONER'S MEDICAL EXAMINER'S SIGNATURE: **BARRY J. COHONER**

CORONER'S PHYSICIAN'S SIGNATURE: **[Signature]**

DATE OF BURIAL (MONTH DAY YEAR): **23a JUNE 27 1989**

CEMETERY OR CREMATORY - NAME: **23b MT HOPE**

STREET AND NUMBER OR RFD: **23c 63 E 79th ST**

CITY OR TOWN: **CHICAGO**

STATE: **ILLINOIS**

FUNERAL HOME: **TAYLOR FUNERAL HOME**

FUNERAL DIRECTOR'S LICENSE NUMBER: **60619**

LOCAL REGISTRAR'S SIGNATURE: **[Signature]**

TOTAL REGISTRAR'S SIGNATURE: **[Signature]**

DATE FILED: **JUN 26 1989**

BASED ON 1988 U.S. STANDARD CERTIFICATE