



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

ss.

Order No. _____

WALTER J. POWERS, SR., being duly sworn

states that he resides at 3642 S. Union Avenue in the City of Chicago.

That he was acquainted with ROSE MARIE POWERS

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

LOT 36 IN BLOCK 6 IN HAMBURG, BEING SAMUEL GEHR'S SUBDIVISION OF BLOCKS 23 AND 24 OF CANAL TRUSTEE'S SUBDIVISION OF SECTION 33, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

Commonly known as: 3642 S. Union

P.I.N. 17-22-308-043-0000

90551748

That the deceased died December 24, 1985, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

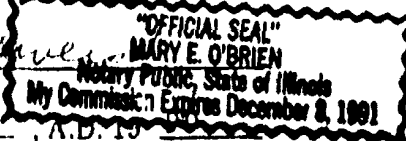
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven 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 Fifty Thousand and no/100 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

Walter J. Powers
this 10th day of October, A.D. 1985



Mary E. O'Brien
Notary Public

Walter J. Powers
(affiant's signature)

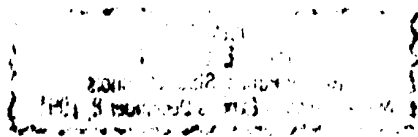
UNOFFICIAL COPY

Property of Cook County Clerk's Office

90551748

15²⁵

DEPT-01 RECORDING
743553 TRAN 9777 11/13/90 10:42:11
46597 + C *-90-551748
COOK COUNTY RECORDER

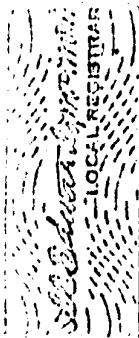


UNOFFICIAL COPY

Jan. 8, 1986.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

L. LOMMIE C. EDWARDS M.D. M.P.A.,
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 OF 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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

30551748

STATE FILE NUMBER

625643

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

ROSE MARIE POWERS 2 FEMALE DECEMBER 24, 1985

DATE (MONTH, DAY, YEAR) TIME (HOUR, MINUTE) COUNTY OF DEATH

WHITE AMER 66 6 NOV. 11, 1919 70. COOK

CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - 3422 V. HOSPITAL INPATIENT

Chicago ST. JOSEPH HOSPITAL

STATE OF ILLINOIS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

ILLINOIS 10. MARRIED

SOCIAL SECURITY NUMBER KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

328-18-9483 Housewife U.S.A. WALTER POWERS SR.

RESIDENCE STREET AND NUMBER CITY, TOWN, VILL. OR ROAD DISTRICT NO. RESIDE CITY YES

3642 S. UNION AVE. CHICAGO YES

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST

JAMES VYSKOCIL ROSE

15 INFIRMARY NAME (TYPE OR PRINT) RELIGION (STREET AND NO. OR R. F. DISTRICT NO. 876) TRJNUSKA

JOSEFINA S. DESIDERIO 176 HOSPITAL 2900 N. LAKE SHORE DR. CHICAGO

18 DEATH WAS CAUSED BY. (CHILD ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C))

1a) Myocardial Infarction

1b) 3 yrs

1c) 3 yrs

1d) 3 yrs

1e) 3 yrs

1f) 3 yrs

1g) 3 yrs

1h) 3 yrs

1i) 3 yrs

1j) 3 yrs

1k) 3 yrs

1l) 3 yrs

1m) 3 yrs

1n) 3 yrs

1o) 3 yrs

1p) 3 yrs

1q) 3 yrs

1r) 3 yrs

1s) 3 yrs

1t) 3 yrs

1u) 3 yrs

1v) 3 yrs

1w) 3 yrs

1x) 3 yrs

1y) 3 yrs

1z) 3 yrs

AUTOPSY (YES/NO) NO

IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO NO

WAS YOUR MEDICAL EXAMINATION SPECIFIC TO THIS DEATH? YES/NO NO

DATE OF OPERATION IF ANY MAJOR FINDINGS OF OPERATION

12/24/85

DATE SIGNED (MO., DAY, YEAR) 12/25/85

ILLINOIS LICENSE NUMBER 36 048269

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21b. SIGNATURE Paul. Drager MD

21c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21i. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21j. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21k. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21l. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21m. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

21n. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHICAGO

19. PLACE OF BURIAL (CITY, TOWN, VILL. OR ROAD DISTRICT NO.) CITY OF DEATH

WORTH IL

20. NAME OF FUNERAL HOME (CITY, TOWN, VILL. OR ROAD DISTRICT NO.) CITY OF DEATH

McKeon Funeral Home 634 W. 37 ST. CH60 IL 60609

21. LOCAL HEALTH DEPARTMENT'S SIGNATURE (CITY, TOWN, VILL. OR ROAD DISTRICT NO.) CITY OF DEATH

Thomas J. McKeon

22. LOCAL HEALTH DEPARTMENT'S SIGNATURE (CITY, TOWN, VILL. OR ROAD DISTRICT NO.) CITY OF DEATH

Thomas J. McKeon

23. LOCAL HEALTH DEPARTMENT'S SIGNATURE (CITY, TOWN, VILL. OR ROAD DISTRICT NO.) CITY OF DEATH

Thomas J. McKeon

24. LOCAL HEALTH DEPARTMENT'S SIGNATURE (CITY, TOWN, VILL. OR ROAD DISTRICT NO.) CITY OF DEATH

Thomas J. McKeon

VR 200 REV. 5/82

Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

COUNTY OF COOK)
) SS
STATE OF ILLINOIS)

AFFIDAVIT

I, Walter J. Powers, Sr., being first duly sworn on oath
depose and state:

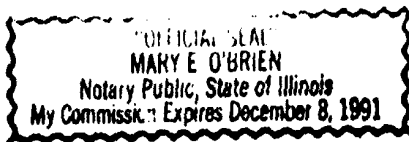
1. That I was married to Rose Marie Powers.
2. That Rose Marie Powers left a Will dated February 15,
1964.
3. That Rose Marie Powers filed a Quit Claim Deed on February
24, 1976, naming herself and Walter J. Powers, Sr., as Joint
Tenants of the property at 3642 South Union Avenue, Chicago.

Further affiant states naught.

Walter J. Powers
WALTER J. POWERS, SR.

Subscribed and sworn to before me
this 10 day of October 1990.

Mary E. O'Brien
Notary Public



30551748

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Property of Cook County Clerk's Office



ADRIENNE M. GEARY
2650 W. 51ST. ST
CHICAGO, ILL 60632