

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } ss.  
County of Cook

ORDER NO. \_\_\_\_\_  
DATE: October 17, 1990

In the matter of Harry D. Witt, decedent, Barbara M. Witt,  
hereinafter referred to as the affiant deposes  
and states that the affiant resides at 1117 Darrow in the City of  
Evanston, Illinois 60201

That the decedent at the time of his/her death was one of the owners of the property in Cook  
County, Illinois, legally described as follows:

Lot 25 in Block 3 in Golee's Resubdivision of Blocks 4, 5 and 8 in Chase and  
Pitner's Addition to Evanston being a subdivision of the North West quarter of  
the North East quarter of Section 24, and the South half of the South West quarter of the  
South East quarter (except the North 71 1/2 feet thereof) in Section 13, all in  
Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County,  
Illinois.

P. J. N. 10-24-209-011

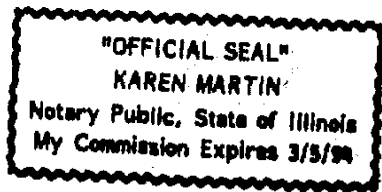
DEPT-01 RECORDING \$14.25  
T#4444 TRAN 5551 11/19/90 14:25:00  
#9196 # D \*-90-564591  
COOK COUNTY RECORDER

That said decedent died on July 6, 1990 leaving no/a last will and testament;

that the total value of the estate of said decedent including his/her taxable interest in the above real  
estate is \$ \_\_\_\_\_ ;

that the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate,  
has been paid in full;

that the affiant makes this affidavit to induce TICOR TITLE INSURANCE COMPANY OF CALIFORNIA  
to issue its Policy of Title Insurance on the above described property.



Signature Barbara M Witt  
SUBSCRIBED AND SWORN TO before me this 17th day  
of October, 19 90, a Notary Public  
in and for said State and County,

Karen Martin

90564591

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented  
to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this  
affidavit.

1485

100200200

# UNOFFICIAL COPY

Mail to: Jerald A. Kessler

1603 Orrington Ave.

Suite 1010

Evanston, IL 60201

Property of Cook County Clerk's Office

RECEIVED  
JAN 10 1991  
CLERK OF COURT  
COOK COUNTY

100-201201

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16-23</b>	STATE OF ILLINOIS <b>6 4 5 9 1</b>	STATE FILE NUMBER		
	REGISTERED NUMBER <b>912</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A..... DECEASED  B..... C..... D..... E.....  PARENTS  1..... 2..... 3.....  CAUSE  4..... 5..... N..... P.....  CERTIFIER  22a..... 22b..... 22c.....  DISPOSITION  25a..... 25b..... 26a.....	DECEASED-NAME FIRST MIDDLE LAST <b>1. HARRY D. WITT</b>		SEX <b>2. Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. July 6, 1990</b>	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>4. Cook</b>		AGE-LAST BIRTHDAY (YRS) MO. DAY MIN. <b>5a. 86</b>	UNDER 1 YEAR UNDER 1 DAY MO. DAYS HOURS MIN. <b>5b.</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. April 18, 1904</b>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. Cook EVANSTON</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. St. Francis Hospital</b>		IF HOSP. OR INST. INDICATE D.O.A. OF EMER. RM. INPATIENT (SPECIFY) <b>6c. D.O.A.</b>
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. Evanston, IL</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. Barbara Conrad</b>	
	SOCIAL SECURITY NUMBER <b>10. 323-26-5486</b>		USUAL OCCUPATION <b>11a. Police Officer</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. City of Evanston</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (1-12) College (1-4 or 5-7) <b>9. 9</b>
	RESIDENCE (STREET AND NUMBER) <b>13a. 1117 Darrow</b>		CITY, TOWN, OR ROAD DISTRICT NO. <b>13b. Evanston</b>	INSIDE CITY (YES/NO) <b>13c. yes</b>	COUNTY <b>13d. Cook</b>
	STATE <b>13e. Illinois</b>	ZIP CODE <b>13f. 60202</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <b>14a. white</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <b>14b. NO YES SPECIFY:</b>	
	FATHER-NAME FIRST MIDDLE LAST <b>15. Henry F. Witt</b>		MOTHER-NAME FIRST MIDDLE LAST <b>16. Martha Shalk</b>		
	INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Barbara Witt</b>		RELATIONSHIP <b>17b. Wife</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 1117 Darrow, Evanston, IL 60202</b>	
	18. PART I. Enter the disease, injury, or other cause which 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.				
Immediate Cause (First disease or condition resulting in death)		<b>(a) Acute Myocardial Infarction</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>MINUTES</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		<b>(b) Coronary Artery Disease</b>		<b>YEARS</b>	
PART II. Other significant conditions contributing to death but not resulting in the final dying state given in PART I.					
<b>Chronic obstructive pulmonary disease</b>		AUTOPSY (YES/NO) <b>19a. No</b>	IF AUTOPSY PERFORMED, DATE OF COMPLETION OF CAUSE OF DEATH (YES/NO) <b>19b.</b>		
DATE OF OPERATION, IF ANY <b>20a.</b>	MAJOR FINDINGS OF OPERATION <b>20b.</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES NO</b>		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>21a. did/him 7/5/90</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. yes</b>	HOUR OF DEATH <b>21c. 12:08 P.M.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) <b>22b. July 7, 1990</b>			
SIGNATURE <b>22a. Norman Gutmann M.D.</b>		ILLINOIS LICENSE NUMBER <b>22d. 031-065603</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c. Norman Gutmann M.D. 4801 Church St., Skokie, Illinois</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Cremation</b>		CEMETERY OR CREMATORY-NAME <b>24b. Montrose</b>	LOCATION CITY OR TOWN STATE <b>24c. Chicago, Illinois</b>	DATE (MONTH, DAY, YEAR) <b>24d. July 9, 1990</b>	
FUNERAL HOME NAME <b>25a. Haben Funeral Home</b>		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>8057 Niles Center Rd., Skokie, Illinois 60077</b>			
FUNERAL DIRECTOR'S SIGNATURE <b>25b. John W. Haben</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 8623</b>			
LOCAL REGISTRAR'S SIGNATURE <b>26a. [Signature]</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. JUL 09 1990</b>			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE October 23, 1990 SIGNED [Signature]  
 AT Evanston, Illinois OFFICIAL TITLE Local Registrar

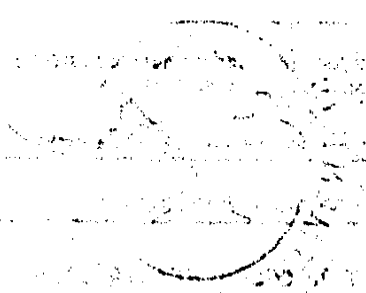
The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Mail to:

Jerald A. Kessler  
1603 Orrington Ave.  
Suite 1010  
Evanston, IL 60201

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