



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

Duane K. Ainlay

being duly sworn

states that he resides at 18 East Willow Road, #224 in the City of Prospect Heights, Illinois

That he was acquainted with John A. Ainlay

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

Lot 6 (except the West 10 feet thereof) in Block 1 in Highland Evanston Lincolnwood First Addition, being a subdivision of the South West quarter of the South West quarter (except the East 20 acres) in Section 11, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County Illinois.

That the deceased died August 17, 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. 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 Cook County, Illinois about September 26, 1990

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 Twenty-Five Thousand 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.

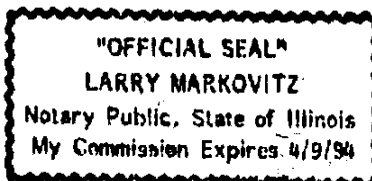
Subscribed and sworn to before me by the said

Duane K. Ainlay

this 5th day of December, A.D. 19 90

Larry Markovitz
Notary Public

Duane Ainlay
(affiant's signature)



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UNOFFICIAL COPY

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Property of Cook County Clerk's Office

DEPT-02 BELLEVILLE
14444 1000 02/08/79 15145:00
#2213 : 0 * -93-594498
COOK COUNTY CLERK'S OFFICE

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. 16233 STATE OF ILLINOIS 98 STATE FILE NUMBER

REGISTERED NUMBER 1204 **MEDICAL CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
 JOHN A. AINLAY Male August 17, 1990

COUNTY OF DEATH AGE LAST BIRTHDAY (MM/DD/YY) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
 Cook 82 56 June 20, 1908

CITY/TOWN/TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT WHETHER GIVE STREET AND NUMBER) IF HOSP OR INST INDICATE ROOM OR FLW OR PATIENT (SPECIFY)
 Evanston Evanston Hospital 5c Emer. Room

BIRTHPLACE (CITY AND STATE OF BIRTH) MARRIED NEVER MARRIED (WIDOWED, DIVORCED (SPECIFY)) NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF ANY) WAS DECEASED EVER IN US ARMED FORCES? (YES/NO)
 Holdrege, Nebraska 8a Widowed 2b None 9 NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIAL OR FINEST GRADE COMPLETED)
 10 508-26-6528 11a Secretary 11b Insulate 12 2

RESIDENCE (STREET AND NUMBER) CITY/TOWN/TWP. OR ROAD DISTRICT NO. RESIDE CITY (YES/NO) COUNTY
 13a 3330 Grant Street 13b Evanston 13c Yes 13d Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN (SPECIFY)) OF HISPANIC ORIGIN? (SPECIFY) NO/YES (IF YES SPECIFY CUBAN, MEXICAN, PORTUGUESE, ETC.)
 13e Illinois 13f 60201 14a White 14b (X) NO () YES SPECIFY

PARENTS

FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (MAIDEN) LAST
 15 William J. Ainlay 16 Katie E. Albert

RELATIONSHIP MAILING ADDRESS (STREET AND OR R.F.D. CITY/TOWN/STATE ZIP CODE)
 17a MR. Duane K. Ainlay 17b SON 17c 18 E. Willow Rd., #224; Prospect. Hts. Ill. 60970

18 PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying (such as cardiac or respiratory arrest) or shock or heart failure. List any one cause on each line. REPORT IMMEDIATELY IN 10 MINUTES

IMMEDIATE CAUSE (IF CAUSE OF DEATH RESULTING FROM)
 (a) ACUTE VENTRICULAR FIBRILLATION MINUTES
 (b) DUE TO OR AS A CONSEQUENCE OF CONGESTIVE HEART FAILURE WEEKS
 (c) DUE TO OR AS A CONSEQUENCE OF HYPERTENSIVE + ISCHEMIC CARDIOMYOPATHY YEARS

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST

PART II Other significant conditions contributing to death but not reported in underlying cause in PART I
 19a DIABETES MELLITUS; OLD ANTERIOR MYOCARDIAL INFARCTION; 19b NO 19c N/A

DATE OF OPERATION IF ANY MAJOR FINDINGS OF OPERATION IF PERFORMED (SPECIFY) IF REALLY HAS THE APPROVING PHYSICIAN SIGNED THIS CERTIFICATE?
 20a NONE 20b N/A 20c YES () NO (X) N/A

21a TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
 21b YES 21c 9:20 PM

22a SIGNATURE DATE SIGNED (MONTH DAY YEAR)
 Ira Weiss Dr. Aug. 20, 1990

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22c Dr. Ira Weiss, M.D., 636 Church St., Evanston, Ill. 60201 22d 36-52292

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

23

BURIAL CREMATION REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
 24a Burial 24b Memorial Park 24c Skokie, Illinois 24d Aug. 25, 1990

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY/TOWN STATE
 25a Wm. H. Scott Funeral Home, 11460 Sherman Avenue, Evanston, Illinois 60201

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b James A. Herzig 25c 31-9137

LOCAL REGISTRAR'S SIGNATURE DATE (MONTH DAY YEAR)
 26a [Signature] 26b Aug 23 1990

VI-100 (Rev. 5-89) Illinois Department of Public Health - Division of Vital Records (BASED ON 1988 U.S. STANDARD CERTIFICATE)

90594498

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 August 23, 1990 SIGNED [Signature] LOCAL REGISTRAR

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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Property of Cook County Clerk's Office

Larry Markovitz
134 N LaSalle
Suite 908
Chicago, Ill 60602