



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook

} ss.

Order No. \_\_\_\_\_

Lenore B. Murphy being duly sworn

states that she resides at 457 Grosvenor Pl. in the City of Chicago Heights

That she was acquainted with Edward J. Murphy deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot One Hundred Four (104) in Olympia Terrace Unit #1, a Subdivision of part of the West Half (1/2) of the Northeast quarter (1/4) of Section 17, Township 35 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN #32-17-221-008                      Census Tract: S288

That the deceased died April 6, 1986, 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 \_\_\_\_\_ 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

\_\_\_\_\_ day of \_\_\_\_\_, A.D. 19 \_\_\_\_\_

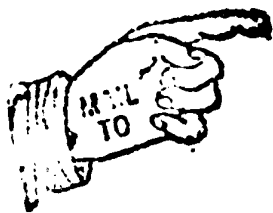
Notary Public

Lenore B. Murphy  
(affiant's signature)



30033762

# UNOFFICIAL COPY



Handwritten signature or initials, possibly "S2" or similar, written in black ink.

90033762

Property of Cook County Clerk's Office

8334  
297020  
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# UNOFFICIAL COPY

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION NUMBER		STATE OF ILLINOIS		DECEASED'S NAME		SEX		DATE OF DEATH	
2005		2005		EDWARD J MURPHY		2 MALE		APRIL 6, 1986	
RACE		ETHNIC ORIGIN OR DESCENT		AGE		DATE OF BIRTH		PLACE OF BIRTH	
WHITE		IRISH		39		6 NOVEMBER 7, 1926		COOK	
HOME ADDRESS		HOSPITAL OR OTHER INSTITUTION		NATURE OF ILLNESS		PLACE OF DEATH		STATUS	
CHICAGO HEIGHTS		ST. JAMES HOSPITAL MEDICAL CENTER		INPATIENT		INPATIENT		INPATIENT	
STATE OF BIRTH		CIT. GEN. OF BIRTH COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY		NAME OF SURVIVING SPOUSE		MARRIAGE DATE	
ILLINOIS		USA		MARRIED		LENORE BERGQUIST			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		INDUSTRY		MILITARY SERVICE		DATE OF SERVICE	
329 20 9248		ACCOUNTANT		CHEMICAL COMPANY		WORLD WAR II			
RESIDENCE		CITY, TOWNSHIP OR ROAD DISTRICT		COUNTY		STATE			
437 GROSVENOR		CHICAGO HEIGHTS		COOK		ILLINOIS			
FATHER'S NAME		MOTHER'S NAME		INFORMANT NAME		RELATIONSHIP		MAILING ADDRESS	
EDWARD J		MURPHY		LINDA L EDWARDS		MEDICAL RECORD		CHICAGO ROAD AT LINCOLN HIGHWAY CHICAGO HEIGHTS, ILLINOIS 60411-3463	
DEATH CAUSE		MANNER OF DEATH		DATE OF OPERATION		MAJOR FINDINGS OF OPERATION		AUTOPSY	
VENTRICULAR FIBRILLATION		NATURAL						NO	
CORONARY ARTERY DISEASE									
ATHEROSCLEROSIS									
OTHER SIGNIFICANT CONDITIONS		DATE OF OPERATION		MAJOR FINDINGS OF OPERATION		AUTOPSY		REMARKS	
D.D. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON		MONTH, DAY, YEAR		WAS COOPER OF MEDICAL EXAMINER NOT A REG. PHYSICIAN		HOUR OF DEATH			
4/5/1986		NO		NO		12:15 P.M.			
SIGNATURE		DATE SIGNED		NAME AND ADDRESS OF CERTIFIER		LICENSE NUMBER			
Jairo B. Cruz		4/6/1986		JAIRO B. CRUZ, M.D., 333 DIXIE HWY; CHICAGO HHS., IL 60411		36-42678			
FUNERAL HOME		CEMETERY OR CREMATORY - NAME		LOCATION		DATE			
WEST END FUNERAL HOME, 1240 OTTO BLVD., CHICAGO HEIGHTS, ILLINOIS 60411		ASSUMPTION CEMETERY		GLENWOOD, ILLINOIS		APRIL 9, 1986			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR			
James J. ...		8507		John M. Costabile		April 8, 1986			

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 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.

DATE: \_\_\_\_\_ SIGNED: John M. Costabile  
AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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