



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

NORREN M. GROSS

being duly sworn

states that SHE resides at 306 CRAIG DR. in the City of

CHICAGO ILLS

That SHE was acquainted with BERNARD M. GROSS

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 Thirteen (113) in Normandy Villa Second Addition, a Subdivision of part of the West half (W $\frac{1}{2}$) of the South East quarter (SE $\frac{1}{4}$) and part of the South West quarter (SW $\frac{1}{4}$) of Section Eight (8), Township Thirty five (35) North, Range Fourteen (14) East of the Third Principal Meridian in Cook County, Illinois.

3208-316-007

30053939

That the deceased died _____, 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 _____

30053939

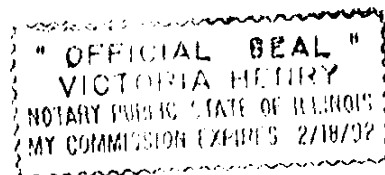
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

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 1st day of February, A.D. 19 90

Victoria Henry
Notary Public



Norren M. Grosse
(affiant's signature)

UNOFFICIAL COPY

Property of Cook County Clerk's Office

1425



90053909

NORREN M. GEGIER
30 E CRAIG DR.
CHGO. HTS, IL 60411

DEPT-01 RECORDING \$14.25
72222 TRAN 02/01/90 11:57:00
46180 * 90-053909
COOK COUNTY RECORDER

UNOFFICIAL COPY

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.32		REGISTERED NUMBER 251		STATE OF ILLINOIS		MAIL FILE NUMBER	
DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. BERNARD		MICHAEL	GROSS	2.MALE	3. MAY 19, 1984		
RACE—WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)		ORIGIN OR DESCENT	AGE—LAST BIRTHDAY (MO., DAY, YR.)	UNDER 1 YEAR UNDER 1 DAY	DATE OF BIRTH (MO., DAY, YEAR)		COUNTY OF DEATH
4a. WHITE		GERMAN IRISH	5a. 49	5b.	6. SEP. 1, 1934		7a. COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME, IF NOT IN EITHER, GIVE STREET AND NUMBER			IF HOSP. OR INST. INDICATE DOA OP/EMER, IMM, INPATIENT (SPECIFY)		
7a. CHICAGO HEIGHTS		7c. 30 E. CRAIG DRIVE, CHICAGO HEIGHTS, IL			7b. AT HOME		
STATE OF BIRTH (NOT N.B.A. NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
8. ILLINOIS		9. U.S.A.	10. MARRIED		11. NOREEN MULCAHY		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)		WAS ON DATES OF SERVICE (MAR. 1956 - MAR. 1958)
12. 346-26-2234		13a. MAINTENANCE FOREMAN	13b. WEST CHEMICAL CO		13c. YES		13d. MAR. 1956 - MAR. 1958
RESIDENCE STREET AND NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INDEPENDENT CITY (YES/NO)	COUNTY	STATE		
14a. 30 E. CRAIG DRIVE		14b. CHICAGO HEIGHTS	14c. YES	14d. COOK	14e. ILLINOIS		
FATHER—NAME			MOTHER—MAIDEN NAME				
15. BERNARD GROSS			16. GERTRUDE MC GRATH				
INFORMANT NAME (TYPE OR PRINT)			RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TWP., STATE, ZIP)			
17a. NOREEN GROSS			17b. WIFE	17c. 30 E. CRAIG DR., CHICAGO HEIGHTS, IL			
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE							
18a. End Stage colon cancer							
18b. Respiratory failure							
18c.							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							AUTOPSY (YES/NO)
							19a. NO
							19b. NO
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
20a. 4/81		20b. Exploratory lap → colon cancer, liver metastasis			20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
1. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		HOUR OF DEATH			
21a.		21b. 3/26/84		21c. 8:45 P. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						DATE SIGNED (MO., DAY, YR.)	
22a. SIGNATURE		22b. 5/21/84					
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER					
22c. Kirk V. Shepard Billings Hospital Chicago Illinois 60637		22d. 36-C62611					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY 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. ASSUMPTION CEM.		24c. GLENWOOD, ILLINOIS	ILLINOIS	ILLINOIS	24d. MAY 22, 1984
FUNERAL HOME		NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP					
25a. HIRSCH'S WEST END FUNERAL HOME, 1340 OTTO BLVD., CHICAGO HEIGHTS, ILLINOIS 60411							
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER					
25b. James S. Cull		25c. 6744					
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. John M. Costabile, (sup)		26b. May 22, 1984					

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH record for the descendant in Item No. 1 and that the record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, deaths, and stillbirths.

DATE: MAY 22 1984 SIGNED: John M Costabile
 AT: CHICAGO HEIGHTS, ILL. 60411 TITLE: LOCAL REGISTRAR