

UNOFFICIAL COPY

David R. Erickson
(Affiant's signature)

Notary Public

David R. Erickson

David R. Erickson
this 33 day of May, A.D. 19 89

David A. Erickson

Subscribed and sworn to before me by the said

Affiant makes this affidavit for that purpose of inducing the Lawyer's Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

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.

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 _____

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 no Last Will & Testament.

That the deceased died:

certified copy of death certificate of the deceased attached hereto.

That the deceased died on 5/25/89 as evidenced by a _____

Common Address: 1672 Highland Northbrook, Illinois 60062

PIN 04-17-104-017-0000 Volume 132

Lot 11 in Block 10 in Northbrook West being a Subdivision of part of the West half of the Northwest Quarter of Section 17, Township 42 North, Range 12, East of the Third Principal Meridian, all in Cook County, Illinois.

County, Illinois, described as:

deceased who, at the time of her death, was one of the owners of the land in _____ Cook

That she was acquainted with Rita R. Erickson

Northbrook, Illinois 60062

states that he resides at 1672 Highland _____ in the City of _____

David A. Erickson being duly sworn

STATE OF ILLINOIS
COUNTY OF COOK

Order No. 95-89

DECEASED JOINT TENANCY AFFIDAVIT

90083410

01-1-38000

CA 95-89

00-083410

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Handwritten signature

00683140

DEPT-01 RECORDING 114.25
T#2222 TRAK #919 02/21/90 13:31:00
#0093 # B *-90-083440
COOK COUNTY RECORDER

-90 083440

X

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

UNOFFICIAL COPY

Werner Pollock

DATE MAY 26 1983 SIGNED _____
 AT Highland Park, 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 or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.

VS 201B (1968) BUREAU OF STATISTICS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62706

REGISTRATION NO. 49.6
 DISTRICT NO. 219

UNOFFICIAL COPY
 STATE OF ILLINOIS
UNOFFICIAL CERTIFICATE OF DEATH

ISSUED BY
 NUMBER

1. DECEASED - NAME		RITA		R. ERICKSON		SEX		2. FEMALE		DATE OF DEATH		3. MAY 25, 1983	
4. WHITE		40. SEWARD		St. 45		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN STREET, AVE OR STREET AND NUMBER)		6. DECEMBER 13, 1917		LAKE		7. INPATIENT	
7b. HIGHLAND PARK		7c. HIGHLAND PARK HOSPITAL		CITIZENSHIP OF WHAT COUNTRY		9. U S A		10. MARRIED		11. DAVID		NAME OF SURVIVING SPOUSE (IF DECEASED, IF DECEASED, DATE OF DEATH)	
8. MICHIGAN		9. U S A		10. MARRIED		11. DAVID		12. U S WAR VETERAN (IF YES, DATE)		13. No		14. COOK	
12. 370 40 2819		13a. Housewife		13b. Cook		13c. No		13d. No		14. COOK		15. ILLINOIS	
14a. 1672 HIGHLAND AVENUE		14b. NORTHBROOK		14c. YES		14d. COOK		14e. ILLINOIS		14f. ILLINOIS		14g. ILLINOIS	
15. WILLIAM		DIRKMAN		MARY		VANDERMISSEN		16. 718 GLENVIEW, HIGHLAND PARK, ILLINOIS		60953		ILLINOIS	
17a. HIGHLAND PARK HOSPITAL		17b. REC.		17c. 718 GLENVIEW, HIGHLAND PARK, ILLINOIS		60953		17d. ILLINOIS		17e. ILLINOIS		17f. ILLINOIS	
18. DEATH WAS CAUSED BY:		19. IMMEDIATE CAUSE		(a) Malignant carcinoma of breast		14 was		19b. DUE TO OR AS A COMPLICATION OF		19c. DUE TO OR AS A COMPLICATION OF		19d. DUE TO OR AS A COMPLICATION OF	
20a. DATE OF OPERATION, IF ANY		20b. PLACE OF OPERATION		20c. DATE OF OPERATION, IF ANY		20d. PLACE OF OPERATION		20e. DATE OF OPERATION, IF ANY		20f. PLACE OF OPERATION		20g. DATE OF OPERATION, IF ANY	
21a. 6/10/79		21b. 5/25/83		21c. 5/25/83		21d. 2:20 P. M.		21e. 5/26/83		21f. 3641209		21g. 5/26/83	
22a. NAME AND ADDRESS OF CERTIFIER		22b. NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22c. ILLINOIS LICENSE NUMBER		22d. ILLINOIS LICENSE NUMBER		22e. ILLINOIS LICENSE NUMBER		22f. ILLINOIS LICENSE NUMBER		22g. ILLINOIS LICENSE NUMBER	
22a. Mary Wiland		1500 Sherman		Northbrook		Northbrook		Northbrook		Northbrook		Northbrook	
23. NAME OF CEMETERY		23a. SHEPHERD HEARTH		23b. NORTHBROOK, ILLINOIS		23c. NORTHBROOK, ILLINOIS		23d. NORTHBROOK, ILLINOIS		23e. NORTHBROOK, ILLINOIS		23f. NORTHBROOK, ILLINOIS	
24. NAME OF FUNERAL HOME		24a. HANSEN & SONS		24b. 385 W. WHEELING		24c. NORTHBROOK, ILLINOIS		24d. NORTHBROOK, ILLINOIS		24e. NORTHBROOK, ILLINOIS		24f. NORTHBROOK, ILLINOIS	
25. LOCAL REGISTRAR'S SIGNATURE		25a. [Signature]		25b. [Signature]		25c. [Signature]		25d. [Signature]		25e. [Signature]		25f. [Signature]	
26. DATE OF DEATH		26a. MAY 25 1983		26b. MAY 25 1983		26c. MAY 25 1983		26d. MAY 25 1983		26e. MAY 25 1983		26f. MAY 25 1983	

95-879

Illinois Department of Public Health, Office of Vital Records