

UNOFFICIAL COPY

90281566



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

Mildred Drain

states that RT resides at 15141 Tunbridge being duly sworn
CHGO in the City of _____

That I was acquainted with Gae H Drain
deceased who, at the time of I death, was one of the owners of the land in COOK
County, Illinois, described as:

29-17-105-021-0000

SEE BACK

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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 _____

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

MILDRED DRAIN

this 7th day of June A.D. 19 90

[Signature]
Notary Public

" OFFICIAL SEAL "
RANDY DeGRAFF
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/3/92

Mildred Drain
(affiant's signature)

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Lots 25 and 26 in Block 53 in Harvey,
Illinois, a subdivision of part of Section
17, Township 36, North Range 14 East of the
Third Principal Meridian, in Cook County,
Illinois AKA 15141 South Burlington, Harvey,
Illinois.

Subject to covenants, conditions, restrictions
and easements of record general tapes for
1978 and subsequent years, **29-17-105-020-000**

Cook County Clerk's Office

DEPT-01 RECORDING
#1624 # B * -90-281566
TRAN 8949 06/14/90 10:37:00
\$14.25
COOK COUNTY RECORDER

9 0 2 8 1 5 6 6

1779 OCT 1988 STATE OF ILLINOIS
902815003
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.	16.34	DECEASED - NAME	JOE DRAIN	SEX	2 MALE	DATE OF DEATH	3 OCTOBER 24, 1988	MONTH, DAY, YEAR
REGISTERED NUMBER		FIRST	JOE	LAST	DRAIN			

1. RACE, NATR, BIRTH PLACE, ETC. (SPECIFY)	American	ORIGIN OR DISTRICT	5a. 50	AGE LAST BIRTHDAY (YEAR)	5b. 1	UNDER 1 YEAR	6. 11	DATE OF BIRTH (MO, DAY, YEAR)	7a. 11	COUNTRY OF BIRTH	7b. Cook
4a. BLACK	American	HOSPITAL OR OTHER INSTITUTION	8a. 11	DATE OF DEATH	8b. 11	DATE OF BIRTH (MO, DAY, YEAR)	8c. 11, 1937				

7b. HARVEY	CITIZEN OF WHAT COUNTRY	9. USA	10. Married	11. General	12. No	13. No	14. Cook	15. Illinois
8. Maintenance	USUAL OCCUPATION	10. Married	11. General	12. No	13. No	14. Cook	15. Illinois	

14a. 5141 S Turlington	14b. Harvey	14c. Cook	14d. Cook	14e. Illinois
FATHER - NAME	MOTHER	MAIDEN NAME	14d. Cook	14e. Illinois

15. Dolly	16. Not	17. Available
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MARRIAGE ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE ZIP)

17. Mildred Drain	18. 114 5141 S Turlington, Harvey, Ill
DEATH WAS CAUSED BY:	IDENTIFY ONLY ONE CAUSE PER LINE 12a-12f, 13a, AND 13b

18. DEATH WAS CAUSED BY:

(a) MULTIPLE INJURIES DUE TO OR AS A RESULT OF

(b) ACCIDENTAL STRIKING PEDESTRIAN

(c)

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE ENTER IN PART I 18

19. YES	20. YES
21. YES	22. YES

20a. ACCIDENT	20b. STRUCK BY AUTOMOBILE
DATE OF INJURY (MONTH, DAY, YEAR)	DATE OF DEATH (MONTH, DAY, YEAR)

21a. MEDICAL EXAMINER'S SIGNATURE	21b. MARGARITA ARRUZA, M.D.
DATE SIGNED	DATE OF DEATH

22. BURIAL CREATION	22a. 24th Glenwood	22b. Thornton, Illinois
REMOVAL (SPECIFY)	CITY OR TOWN	STATE

23a. FUNERAL HOME	23b. Heights Colonial Chapel, 1603 Greenwood, Ford Heights, Ill 60411
FUNERAL DIRECTOR'S SIGNATURE	DATE OF DEATH

24a. LOCAL REGISTRAR'S SIGNATURE	24b. 28, 1988
DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	DATE OF DEATH

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein 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.

AT HARVEY, ILLINOIS, OCT 28 1988 SIGNED *Sarah S. Bell* LOCAL REGISTRAR

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois. County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health or the Local Registrar or the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Mildred Drain

15141 Burlington

Harney, Ill 60426

Property

90281566

Cook County Clerk's Office