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90313304

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

DEPT-01 RECORDING \$13.25
T47777 TRAN 6629 06/29/90 13:53:00
#8119 * -90-313304
COOK COUNTY RECORDER

90313304

ROBERT E. CLARK, being duly sworn on oath states that he/she resides at 6029 S. McVicker, Chicago, Illinois.

That ROBERT E. CLARK was acquainted with BARBARA JEAN CLARK, deceased who, at the time of his/her death, was one of the owners of the land in the City of Chicago, County of Cook, State of Illinois, described as:

6029 South McVicker, Chicago, Il.

PIN: 19-17-316-010-0000

That the deceased died on August 8, 1989, 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.

___ 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 ____.

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 _____ dollar.

X Robert E. Clark
Robert E. Clark, affiant

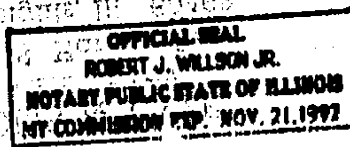
Subscribed and Sworn to Before
me this 15 day of MAY, 1990

Notary Public

COOK COUNTY CLERK'S OFFICE

13413

NYEC



Lot 31 in Block 1 in Central addition to clearing, being
Q subdivision of the South 3/4 of the EAST 1/2 of the South WEST
1/4 of Section 17, Township 38 North, Range 13, EAST OF THE THIRD
Principal Meridian, in Cook County, Illinois

13 Mail

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ZAPOLIS & CYZE
ATTORNEYS AT LAW
12413 S. Harlem Ave.
Palos Heights, Ill. 60463

MAIL TO



Joe Smith

30313304

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE
NUMBER

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		STATE FILE NUMBER	
DECEASED-NAME 1. BARBARA		FIRST JEAN		MIDDLE CLARK		LAST COOK	
COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 58. 33		UNDER 1 YEAR MONTHS 50. DAYS 50.		DATE OF BIRTH (MONTH, DAY, YEAR) MAY 14, 1934	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. PALOS HEIGHTS		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b. PALOS COMMUNITY HOSPITAL.		SEX 2. FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 8, 1989	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (M, M, W, F) 8b. ROBERT E CLARK		IF HOSP. OR INST. INDICATED O.A. OF EXAMINER IS PATIENT (SPECIFY) 6c. INPATIENT	
SOCIAL SECURITY NUMBER 10. 343-26-7016		USUAL OCCUPATION 11a. SECRETARY		KIND OF BUSINESS OR INDUSTRY 11b. GENERAL EMPLOYEE		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
RESIDENCE (STREET AND NUMBER) 13a. 6029 S MC VICKERS		CITY, TOWN, OR ROAD DISTRICT NO. 13b. CHICAGO		INSIDE CITY (YES/NO) 13c. YES		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5-)	
STATE 13a. ILLINOIS		ZIP CODE 131. 60638		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. WHITE		COUNTY 13d. COOK	
FATHER-NAME 15. ALFRED		FIRST SUMMERS		MOTHER-NAME 16. PEARLEMAE		LAST COOPER	
INFORMANT'S NAME (TYPE OR PRINT) 17a. MARY HLADIK		RELATIONSHIP 17b. SISTER		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 80TH AVE & MC CARTHY RD 60463			
18. PART I. Enter the date, time, or circumstances that caused the death. Do not use "old age" as a cause of death. List only one cause on each line. (a) Death due to failure of heart (b) Death due to failure of liver (c) Death due to failure of lungs							
Immediate Cause (Final disease or condition resulting in death) (a) Death due to failure of heart (b) Death due to failure of liver (c) Death due to failure of lungs							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. (a) Death due to failure of heart (b) Death due to failure of liver (c) Death due to failure of lungs							
PART II. Enter the findings of the coroner or medical examiner. Do not use "old age" as a cause of death. List only one cause on each line. (a) Death due to failure of heart (b) Death due to failure of liver (c) Death due to failure of lungs							
DATE OF OPERATION (IF ANY) 20a. 7-26-89		FINDINGS OF OPERATION 20b. EXTENSIVE LIVER METASTASIS		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 7:35 P.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER							
22b. SIGNATURE NAME AND ADDRESS OF CERTIFIER							
22c. SIGNATURE NAME AND ADDRESS OF CERTIFIER							
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