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Intercounty Title Company of Illinois

7777 WEST 159TH STREET • ORLAND PARK • IL 60477 • (312) 532-5555



AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS
COUNTY OF COOK

} SS

RE: YOUR ORDER NO. _____

JOHN H. MEURIS, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

- 1. That he resides at 14800 S. Kilpatrick, Unit 1-E, Midlothian, Illinois 60445;
- 2. That he was acquainted with Kathryn M. Meuris, his wife, who died on June 18, 1990,

as evidenced by the attached certified copy of death certificate;

- 3. That said decedent was one of the owners of land described:
 - in the subject order number;
 - in the following legal description;

Unit Number 304 in Oak Grove Condominium, formerly Midlothian Condominiums, together with its undivided percentage interest in the common elements, as delineated and defined in the Declaration recorded as Document Number 25976363, as amended and modified by Document Number 27387436 in Sections 9 and 10, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

- 4. That said decedent died:
 - leaving no last will and testament;
 - leaving a last will and testament, a copy of which is attached;

5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 5,000.00.

Subscribed and sworn to before

me by the said John H. Meuris affiant
this 8 day of August, 1990.

X John H. Meuris
(affiant's signature)

Gary J. Mazian
Notary Public



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SOKOL & MAZIAN
60 Orland Square Drive
Orland Park, IL 60462

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STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

Date June 20, 1990 signed [Signature] At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1500 S. Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO 16-0	DECEASED NAME Kathryn M. Meuris	FIRST Kathryn	MIDDLE M.	LAST Meuris	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) June 18, 1990	
REGISTERED NUMBER 7	COUNTY OF DEATH Cook	AGE (LAST BIRTHDAY (YR), MOS, DAYS) 58, 8, 5	UNDER 1 YEAR 58	UNDER 1 DAY 58	DATE OF BIRTH (MONTH, DAY, YEAR) July 27, 1908	HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER CASE STREET AND NUMBER) South Suburban Hospital, Hazel Crest, Ill.	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4 Cook	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Illinois	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF AVE) John H. Meuris	EDUCATION (SPECIFY HIGHEST GRADE COMPLETED) 9 No	WAS DECEASED EVER IN ARMED SERVICES (YES/NO) 9 No	WAS DECEASED EVER IN ARMED SERVICES (YES/NO) 9 No	
SOCIAL SECURITY NUMBER 341-28-5437	USUAL OCCUPATION 11a Housewife	INDUSTRY OR BUSINESS (SPECIFY) Own Home	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b Own Home	RACE (WHITE, BLACK, AMERICAN INDIAN OR SPECIFY) 12c White	COUNTY 13d Cook		
RESIDENCE (STREET AND NUMBER) 13a 14800 Kilpatrick	ZIP CODE 60445	FATHER'S NAME (FIRST, MIDDLE, LAST) Thomas O'Neill	MOTHER'S NAME (FIRST, MIDDLE, LAST) Mary Ryan	14b <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY. 14c Yes			
INFORMANT'S NAME (TYPE OR PRINT) 17a Nadine Walker	ADDRESS (STREET AND NUMBER) 17b Recorders, 17800 South Kedzie Avenue, Hazel Crest, Ill. 60429						
18 PART I Immediate Cause (Final cause of death resulting in death) (a) CORONARY THROMBOSIS DUE TO, OR AS A CONSEQUENCE OF (b) Rt. lower lobe pneumonia, Diabetes mellitus. WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) INSTANT							
PART II. (SEE INSTRUCTIONS CONCERNING THIS SECTION ON THE UNDERLYING CAUSE OF DEATH) DATE OF OPERATION, IF ANY 65, 10, 90 MAJOR(S) UP TO 3 OF OPERATION 20b NEW ALL OR'S FINDINGS (NAME AND NUMBER TO COMPLETELY CAUSE OF DEATH) (YES/NO) 20c YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> HOUR OF DEATH 11:50 A.M. DATE SIGNED (MONTH, DAY, YEAR) 22b 6-19-90 ILLINOIS LICENSE NUMBER 22c 32646 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
23 BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial NAME (TYPE OR PRINT) 22a B. NERSE MD 15542 S. CICERO AVE. OAKFORD ILL 60452 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)							
CEMETERY OR CREMATORY—NAME 24b Holy Sepulchre			CITY OR TOWN 24c Worth, Illinois		STATE 24d Illinois		
FUNERAL HOME 25 Andrew J. McGann & Son Funeral Home, 10727 S. Pulaski Rd., Chicago, IL 60655			CITY OR TOWN 25a Chicago		STATE 25b Illinois		
FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 5959		DATE (LOCAL REGISTER): MONTH, DAY, YEAR June 20, 1990		
LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER		DATE (STATE REGISTER): MONTH, DAY, YEAR June 20, 1990		

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DEPT-01 RECORDING \$14.25
143333 TRAN 4353 08/15/90 11:38:00
435614 C * -90-397814
COOK COUNTY RECORDER

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