



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

ss.

Order No. _____

_____ BERT J. PROSSER being duly sworn
states that I resides at 355 FLACID WAY in the City of
ELK GROVE VILLAGE, IL.

That I was acquainted with DELLIS W. PROSSER
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as:

Lot 2885 in Elk Grove Village Section 9, being a subdivision in Section 33, Township 41 North, Range 11 East of the Third Principal Meridian, according to the plat thereof recorded July 1, 1960 as document 1297670 in Cook County, Illinois.

08-33-303-039-0000

That the deceased died 1979 14, 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 _____

91121897

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.

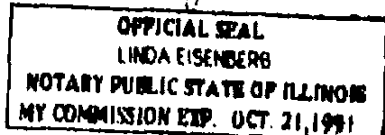
Subscribed and sworn to before me by the said

this 14th day of August, A.D. 19 79

Linda Eisenberg

Notary Public

Betty J. Peterson
(affiant's signature)



UNOFFICIAL COPY

91421897

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$14.29
T#2222 TRAN 6138 08/19/91 12:04:00
#4494 * * -21-421897
COOK COUNTY RECORDER

BETTY J. PROSSER
255 PLACID WAY
EOK MOON VILLAGE, IL
60001

14/91

379 1979

STATE OF ILLINOIS
REGISTRATION NUMBER 91121897

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.36
REGISTERED NUMBER 4820

1 DECEASED NAME DENNIS W PRASSER Male 14 June 1979
 RACE (WHITE, BLACK, AMERICAN ORIGIN OR DESCENT) (AGE) (SEX) (DATE OF BIRTH) (MONTH) (DAY) (YEAR) (COURT) (OF DEATH)
 48 WHITE AMERICAN 50 5c NOV. 22, 1928 79 Cook
 CITY (TOWN, TWP OR ROAD DISTRICT NUMBER) (HOSPITAL OR OTHER INSTITUTION) (NAME AND NUMBER) (MARRIAGE) (MARRIED, DIVORCED, WIDOWED)
 7b SKOKIE WISCONSIN 7c SKOKIE VALLEY HOSP. DOA
 8 WISCONSIN U.S.A. MARRIED
 SOCIAL SECURITY NUMBER 352-22-2573
 12 MECHANICAL ENG AUTOMOTIVE
 RESIDENCE STREET AND NUMBER 14255 Placid Way ELK GROVE VIL. YES COOK ILLINOIS
 14 255 Placid Way ELK GROVE VIL. YES COOK ILLINOIS
 FATHER NAME HORACE PRASSER MOTHER MARRIAGE VIL. ELSIE SCHMIDT ILLINOIS
 15 HORACE PRASSER 16 ELSIE SCHMIDT
 INFORMANT'S SIGNATURE Betty J. Prasser 17b WIFE 17c 255 Placid Way ELK GROVE VIL. ILLINOIS
 18 DEATH CAUSED BY CARBON MONOXIDE INTOXICATION INHALATION OF AUTOMOBILE EXHAUST
 IMMEDIATE CAUSE (A) DUE TO OR AS A CONSEQUENCE OF (B) (C)
 PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH
 20a SKOKIE 20b SKOKIE 20c 8:30 P.M. 20d EXHAUST INHALED AUTOMOBILE
 PLACE OF INJURY (MUNICIPALITY) (COUNTY) (STATE) (CITY) (TOWN, TWP OR ROAD DISTRICT NO.) (COUNTY) (STATE)
 20e PARADE LOT 20f SKOKIE COOK CO., ILLINOIS
 21a I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION RECEIVED FROM THE DECEASED, AS PROVIDED BY THE DECEASED, AND DUE TO THE CAUSE(S) STATED AND LISTED ABOVE, THE DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND LISTED ABOVE.
 21b June 14, 1979 21c 9:00 P.M.
 22a EDWARD R. DONOGHUE, JR., M.D. June 15, 1979
 MEDICAL EXAMINER'S SIGNATURE (NAME) (ADDRESS) (CITY) (STATE) (DATE)
 24b SAINT JOSEPH 24c RIVER GROVE, ILL. 24d JUNE 16, 1979
 CEMETERY OR CREMATORY NAME (STREET AND NUMBER OR P.O. BOX) (CITY) (STATE) (DATE)
 25a GROVE MEMORIAL CHAPEL 1199 S. ARLINGTON ELK GROVE VILLAGE, ILL. 60007
 FUNERAL HOME (ADDRESS) (CITY) (STATE) (ZIP)
 25b S. L. Andelman, M.D. 25c 631-7817
 LOCAL HEALTH OFFICER'S SIGNATURE (PHONE NUMBER)
 26a S. L. Andelman, M.D. 26b JUN 15 1979
 LOCAL HEALTH OFFICER'S SIGNATURE (DATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the Death Record for the person named in Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Statistics Act.
 Signed Official Title Director of Health
 At Skokie, Illinois
 Dated JUN 15 1979