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Chicago Title Insurance Company

ILLINOIS

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

{ ss. }

Order No. _____

Charles J. Miller _____ being duly sworn
states that he resides at 17032 Lorenz Avenue _____ in the City of
Lansing _____.
That he was acquainted with Anna N. Miller _____
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 15 in Block 2 in Lansing Calumet being a Subdivision of the West
104 rods of the East 42 rods of the North Half of the North East
Quarter of Section 30, Township 36 North, Range 15 East of the Third
Principal Meridian, in Cook County, Illinois

That the deceased died June 4, 1991, 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
Cook 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 \$210,000 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

X Charles J. Miller _____

this 20th day of September, A.D. 19 91

Paula J. Janik

Notary Public

OFFICIAL SEAL
PAULA J. JANIK
Notary Public, State of Illinois
My Commission Expires Feb. 28, 1993

X Charles Miller
(affiant's signature)

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Property of Cook County Clerk's Office

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REC'D 1-31 RECORDINGS 8:11 AM
1-31-99 THUR 1/22 1999 12:45 PM
44-322-5 F-2 1-31-99 0065
COOK COUNTY RECORDS

1/22/99

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STATE OF ILLINOIS

REGISTRATION DISTRICT NO.

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)	
ANNIE N. Miller				Female	June 4, 1991	
COUNTY OF DEATH	AGE-LAST	UNDER-1 YEAR	UNDER-1 DAY	DATE OF BIRTH (MONTH DAY YEAR)		
COOK	BIRTHDAY (YRS. MOS. DAYS)	1 37 58	1 HOURS 50 50	MIN SEC	APRIL 5, 1934	
CITY/TOWN OR ROAD/DISTRICT NUMBER	HOSPITAL/OTHER INSTITUTION-NAME IF NOT IN EITHER COLUMNS					
6a. Lansing	6b. 17032 Lorenz Ave.					
BIRTHPLACE-CITY AND STATE FOR EACH PARENT	NAME OF SURVIVING SPOUSE NAME OF FATHER					
2. Chicago, IL.	8d. Charles Miller					
SOCIAL SECURITY NUMBER	3a. MARRIED	NAME OF BUSINESS/WORK PLACE EDUCATION LEVEL-NAME OF HIGH SCHOOL ATTENDED				
10. 466-46-3330	3b. Married	EDUCATION LEVEL-NAME OF HIGH SCHOOL ATTENDED				
RESIDENCE STREET AND NUMBER	10b. Clerk	EDUCATION LEVEL-NAME OF HIGH SCHOOL ATTENDED				
13a. 17032 Lorenz Ave.	CITY, TOWN, TWP. OR ROAD DISTRICT NO.					
STATE	ZIP CODE	INSIDE CITY TIES NO.				
Illinois	60438	13c. Yes				
13b. FATHER-NAME	13a. White	13d. COOK				
FIRST	MIDDLE	CITY, TOWN, TWP. OR ROAD DISTRICT NO.				
15. Earl Soderstrom	16. Lillian Rau					
INFECTION/STRAIN/INFECTION	NAME OF SPONSOR					
17a. Charles Miller	17b. 17032 Lorenz Ave., Lansing, IL 60433					
PARTI.	ENTERING ADDRESSES OR CIRCUMSTANCES OF DEATH-ENTER THE DATE DEATH OCCURRED					
18. PARTII.	SHOCK OR HEART FAILURE LIST ONLY ONE CAUSE ON THIS LINE					
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE OF DEATH	(a) <i>mela stoma breast cancer</i> DUE TO OR AS A CONSEQUENCE OF					
STATEMENT OF UNDERLYING CAUSE LAST PART II	(b) DUE TO OR AS A CONSEQUENCE OF (c)					
DATE OF OPERATION IF ANY	NAME OF SPONSOR					
19. DATE OF DEATH	NAME OF SPONSOR					
20. DATE OF DEATH	NAME OF SPONSOR					
21. DATE OF DEATH	NAME OF SPONSOR					
22. DATE OF DEATH	NAME OF SPONSOR					
23. DATE OF DEATH	NAME OF SPONSOR					
24. DATE OF DEATH	NAME OF SPONSOR					
25a. SIGNATURE	J. H. Johnson M.D.					
25b. SIGNATURE	Charles W. Munster, Esq.					
26a. SIGNATURE	J. H. Johnson M.D.					
26b. SIGNATURE	Charles W. Munster, Esq.					

HEREBY CERTIFY THAT the foregoing is true and correct copy of the death record for the decedent named in item 1 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.

DATE JUL 08 1991

SIGNED

Charles W. Munster

Cook County Department of Public Health

1900 S. Maybrook Drive - Maywood, Illinois 60153

Official Title Deputy Registrar

Form No. 5831
Printed on Recycled Paper
State of Illinois
Department of Public Health
Division of Vital Statistics
7391