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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

Frances Dickman being duly sworn

states that she resides at 1914 S. 51st Ct. in the City of Cicero

That she was acquainted with Robert J. Dickman deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 61 in Second Addition to Parkholme, a Subdivision of the West Part of Block 15 in Grant Land Association's Resubdivision in Section 21, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

191-1100-124

00007617

That the deceased died October 27, 1980 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 ONE THOUSAND & 00/100 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

FRANCES DICKMAN

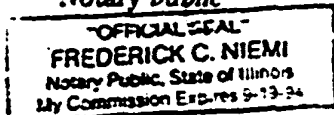
this 6th day of November, A.D. 19 81

Fredrick C. Niemi

Notary Public

Frances Dickman

(affiant's signature)



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91597617

Property of Cook County Clerk's Office



2. 11/13/91
4500 S
Chicago, IL 60608

DEPT-01 RECORDING
TRAN 2578 11/13/91 16:04:00
46090 # E * 91-597617
COOK COUNTY RECORDER

91597617

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Certified Copy of a Death Record

REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS		DEATH FILE NUMBER		
REGISTERED NUMBER 1516	MEDICAL CERTIFICATE OF DEATH				
Type of Post in Permanent Use as Funeral Certificate, Certificate of Physician, Mandated by Instructions RECEASED CAUSE DECEASED BURIAL LOCAL REGISTRAR'S SIGNATURE	DECLASED - NAME		SEX	DATE OF DEATH - MONTH, DAY, YEAR	
	1. ROBERT J DICKMAN		2. MALE	3. OCTOBER 27 1987	
	RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (YEAR, MONTH, DAY)	DATE OF BIRTH - (MO., DAY, YEAR)	COUNTY OF DEATH
	4a. WHITE	4b. Danish	4c. 69	4d. JUNE 30 1918	4e. COOK
	CITY, TOWNSHIP, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN OTHER ONE, STREET AND NUMBER		IF HOSP OR INST INDICATE COA, OPERATOR, AND INSTITUTION (SPECIFY)
	7a. PROVISO TOWNSHIP		7b. FOSTER G MCGAW HOSPITAL		7c. INPATIENT
	STATE OF BIRTH - IF NOT U.S.A. (NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE - (GIVEN NAME, IF WIFE)	
	8. Illinois	8. USA	8. MARRIED	9. FRANCES DICKMAN Malotke	
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	INDUSTRY OR BUSINESS	WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO	WAS OR WAS OF SERVICE
	10. 318 07 3059	10a. Clerk	10b. Post Office	10c. No	10d. None
RESIDENCE - STREET AND NUMBER		CITY, TOWNSHIP, TWP. OR ROAD DISTRICT NO.	HOUSE OFF YES / NO	COUNTY	
11a. 1914 S 1ST CT		11b. CICERO	11c. YES	11d. COOK ILLINOIS	
FATHER - NAME		MOTHER - MARRIED NAME			
12. William Dickman		13. Elizabeth James			
IMPORTANT NAME (TYPE OR FROM)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWNSHIP, STATE)		
14. SILVIA PAMELA POOL		14. HOSPITAL RECORDS	14. 2160 S 1ST AVE. MAYWOOD ILLINOIS 601		
DEATH WAS CAUSED BY		ENTER ONLY ONE CAUSE PER LINE FOR 15, 16, AND 17		APPROXIMATE DURATION OF ILLNESS (MONTHS, WEEKS, DAYS)	
15. CARCINOMA OF RECTUM WITH		16. PELVIC METASTASES AND PULMONARY		17. 7 yrs.	
18. Metastases		19. 97617			
CONDITIONS IF ANY, WHICH GIVE RISE TO SUSPECTED CAUSE IN STATING THE UNDERLYING CAUSE LAST					
20. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE CAUSE OF DEATH IN PART 15		APPROXIMATE TIME OF DEATH YES / NO		IF YES, WERE FUNERAL CONDUCTED IN DEFERRING CAUSE OF DEATH YES / NO	
21. NO		22. NO		23. NO	
DATE OF OPERATION, IF ANY	MAJOR PHASES OF OPERATION		IF FUNERAL WAS HELD, I PROMISE TO FILE FUNERAL REPORT		
24. NO	25. NO		26. NO		
I DECEASED NOT WITHIN THE DECLARED AND LAST RESIDENCE ALIVE ON		MONTH, DAY, YEAR	WAS FATHER OR MEDICAL EXAMINER NOTIFIED YES / NO	HOUR OR QUARTER OF DEATH	
27. 10/19/87 to 10/27/87		27. NO	28. 9:48 AM		
29. To the best of my knowledge, death occurred at the time, date and place and due to the causes stated above.				DATE SIGNED - MONTH, DAY, YEAR	
30. Walter J. Kuchta (Dr. K. CASPER)		31. 10/27/87			
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER			
32. 2160-S-156 Ave, Maywood, Illinois		33. 036043871			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		NOTE: IF AN ILLINOIS IS EMPLOYED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
34. NO		35. NO			
BURIAL, CREMATION, REBURYAL (SPECIFY)	CEMETERY OR CREMATORIUM - NAME	LOCATION	CITY OR TOWNSHIP	DATE	
36. Burial	36. Queen of Heaven	36. Hillside, Illinois	36. NO	36. Oct. 29, 1987	
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWNSHIP	STATE	
37. H. Mark Sons Funeral Home, 6507 W. Cermak Rd., Berwyn, Illinois 60402					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
38. James J. Kuchta		39. 8418			
LOCAL REGISTRAR'S SIGNATURE		BROADVIEW, ILLINOIS 60153	DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
39. Walter J. Kuchta		40. BROADVIEW, ILLINOIS 60153		41. October 28, 1987	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1. This record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE OCT 28 1987 SIGNED [Signature]

AT BROADVIEW, ILLINOIS 60153 Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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07-30-2017

Property of Cook County Clerk's Office