

UNOFFICIAL COPY

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

LILLIAN M. MUELLER

being duly sworn

states that she resides at 9114 National in the City of Morton Grove, Illinois 60053

That she was acquainted with Ervin P. Mueller

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 15 in Golf Road Addition, being a Subdivision of part of the South West Quarter of Section 18, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 10-18-302-029-0000

91178792

That the deceased died December 3, 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. 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 \$400,000 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.

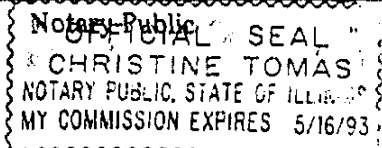
Subscribed and sworn to before me by the said

Lillian M. Mueller

this 17th day of April, A.D. 19 91

Christine Tomas

Lillian M. Mueller
(affiant's signature)



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REVISED

Chicago Title Insurance Company



DEPARTMENT OF REVENUE AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. _____
_____ being duly sworn
in the City of _____
_____ Illinois, 1991

That _____ was executed with _____
_____ who is the owner of the land in _____
County, Illinois, described as _____
_____ in _____ Township, _____
County, Illinois.

REVISED

That the deceased _____
certified copy of the _____
_____ and _____

_____ and _____
_____ DEPT. OF RECORDING
_____ COOK COUNTY RECORDER

_____ and _____
_____ and _____
_____ and _____



CHRISTINE TOMAS, ESQ.
3530 N. BELL
CHICAGO, IL 60618

91178792

H Mail

REGISTRATION DISTRICT NO. 1111
REGISTERED NUMBER 60154

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DATE **DEC 05 1989**

1. COUNTY OF DEATH Ervin P. AGE-AT LAST BIRTHDAY: MALE UNDER 1 YEAR 1-3 YEARS 3-5 YEARS 5-9 YEARS 10-14 YEARS 15-19 YEARS 20-24 YEARS 25-29 YEARS 30-34 YEARS 35-39 YEARS 40-44 YEARS 45-49 YEARS 50-54 YEARS 55-59 YEARS 60-64 YEARS 65-69 YEARS 70-74 YEARS 75-79 YEARS 80-84 YEARS 85-89 YEARS 90-94 YEARS 95-99 YEARS 100 YEARS

2. SEX Male DATE OF DEATH December 3, 1989

3. CITY OR TOWN AND DISTRICT NUMBER Cook HOSPITAL OR OTHER INSTITUTION: Lutheran General Hospital

4. CITY OF BIRTH Chicago STREET AND NUMBER: 9114 National

5a. Chicago 5b. Lutheran General Hospital

6. MARRIED/NEVER MARRIED/SEPARATED/DIVIDED/SPECIFY Married

7. Chicago 8. Lillian Lauffer

9. 326 03 6107 10. 111thogroapper

11. Chicago 12. 10

13. Illinois 14. White 15. Mother

16. Kathie Braun

17. Lillian Mueller 18. Lillian

19. Illinois 20. 60053

21. 111thogroapper 22. 9114 National

23. Illinois 24. 60053

25. Illinois 26. 60053

27. White 28. Mother

29. Kathie Braun

30. 111thogroapper

DATE OF OPERATION, IF ANY: _____

1. I, _____, DO HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED 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, DEATHS AND DEATHS.

21a. TO THE BEST OF MY KNOWLEDGE, I BELIEVE THAT THE DATE AND PLACE AND DUE TO THE CAUSE/S AS STATED: October 28 1989

21b. HOURS OF DEATH: 12:27 PM

21c. DATE SIGNED: 12/04/89

21d. REGISTERED NUMBER: 36-36259

22. NAME AND ADDRESS OF CERTIFIER: H. COSTRIN 650 W. ALGONQUIN RD. DESPLAINES ILLINOIS 60016

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: _____

24. NAME OF FUNERAL HOME: Skokia

25. NAME OF CREMATORY: Memorial Park

26. CITY OR TOWN: Illinois

27. DATE: 12/6/89

28. I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED 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, DEATHS AND DEATHS.

SIGNED: William M. [Signature]

6 1 7 8 9 3

OFFICIAL TITLE: Deputy Registrar

UNOFFICIAL COPY

1500 S. COOK ST. CHICAGO, ILLINOIS 60614

UNOFFICIAL COPY

DEC 02 1966

PROPERTY

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

<p>1. Name of Deceased: <i>John Doe</i></p> <p>2. Sex: <i>M</i></p> <p>3. Race: <i>W</i></p> <p>4. Date of Birth: <i>1/15/1915</i></p> <p>5. Date of Death: <i>11/28/66</i></p> <p>6. Place of Birth: <i>Chicago, Ill.</i></p> <p>7. Place of Death: <i>Chicago, Ill.</i></p> <p>8. Usual Residence: <i>Chicago, Ill.</i></p> <p>9. Occupation: <i>Retired</i></p> <p>10. Cause of Death: <i>Heart Disease</i></p> <p>11. Manner of Death: <i>Natural</i></p> <p>12. Signature of Physician: <i>[Signature]</i></p> <p>13. Signature of Medical Examiner: <i>[Signature]</i></p>	<p>14. Name of Informant: <i>[Name]</i></p> <p>15. Address of Informant: <i>[Address]</i></p> <p>16. Signature of Informant: <i>[Signature]</i></p> <p>17. Date of Report: <i>12/1/66</i></p> <p>18. Signature of Registrar: <i>[Signature]</i></p>
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