

UNOFFICIAL COPY

91218018
9 1 2 1 8 0 1



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

Susan L. Becker

being duly sworn

states that she resides at 511 Union Avenue in the City of Chicago Heights

That she was acquainted with Patrick Becker

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

LOTS 5 AND 6 IN BLOCK 52 ALL IN PERCY WILSON'S KEYSTONE ADDITION TO ARTERIAL HILL, A SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 16, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N 32-16-129-005-0000 and 32-16-129-006-0000

DEPT-01 RECORDING \$13.00
T#1111 TRAN 4267 05/08/91 12:51:00
#0793 : A * - 91 - 218018
COOK COUNTY RECORDER

PROPERTY ADD: 511 UNION AVE. CHICAGO HEIGHTS

That the deceased died February 21, 1985, 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 \$130,000.00 dollars.

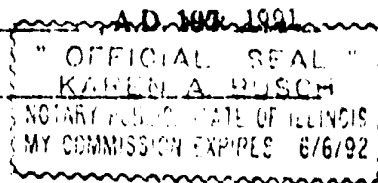
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

PREP. BY: JERRY
AMERICAN NAT'L BK.
3307 CHICAGO RD.
SO. CHICAGO HEIGHTS, IL.
60411

this 20th day of April

[Signature]
Notary Public



[Signature]
(affiant's signature)

91218018

13000
E

UNOFFICIAL COPY

Property of Cook County Clerk's Office

91218018

6572883

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 163B	STATE OF ILLINOIS	STATE FILE NUMBER
MEDICAL EXAMINER'S CERTIFICATE OF DEATH		
REGISTERED NUMBER 100		
DECEASED - NAME		SEX
1. PATRICK FRANCIS BECKER		2. MALE
DATE OF DEATH		(MONTH, DAY, YEAR)
3. FEBRUARY 21, 1985		
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.)	ORIGIN OR DESCENT	AGE - LAST BIRTHDAY (Y, M, D)
4a. WHITE	4b. AMERICAN	5a. 40
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		COUNTY OF DEATH
7b. CHICAGO HEIGHTS		7a. Cook
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATES DECEASED (Y/N) (SEE INSTRUCTIONS)
7c. ST. JAMES HOSPITAL		7d. DOA
STATE OF BIRTH (IF NOT IN U.S.A. GIVE COUNTRY)	CITY, TOWN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. ILLINOIS	9. U.S.A.	10. MARRIED
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY
12. 325-36-9803	13a. SALESMAN	13b. BUSINESS FORMS
RESIDENCE STREET AND NUMBER		WAS DECEASED EVER IN U.S. ARMED FORCES (YES/NO)
14a. 511 UNION		13c. Yes
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
14b. CHICAGO HEIGHTS	14c. Yes	14d. COOK
FATHER - NAME		MOTHER - MAIDEN NAME
15. GEORGE BECKER		16. MARGARET WRIGHT
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP
17a. Susan Becker		17b. Wife
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17c. 511 Union Ave, Chicago Heights		
DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE		
(a) CORONARY ATHEROSCLEROSIS		
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		
(b) _____		
(c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (1)		AUTOPSY (YES/NO)
		19a. Yes
		19b. Yes
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OF PART II ITEM 10)
20a. NATURAL	20b. _____	20c. M. 20s
INJURY AT WORK (YES/NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)	LOCATION (CITY, TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)
20e. _____	20f. _____	20g. _____
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON
21a. _____		21b. FEBRUARY 21, 1985
MEDICAL EXAMINER'S SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)
22. Edmund R. Donoghue, M.D.		23. FEBRUARY 22, 1985
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY NAME	LOCATION
24a. Burial	24b. Assumption Cem.	24c. Glenwood, Illinois
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.
25a. Kerr-Parzygnot Funeral Home	25b. John Parzygnot	25c. F-8662
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. _____		25e. F-8662
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. John M. Costabile (ef)		26b. Feb 25, 1985

I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 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: MAR 18 1985 SIGNED: John M Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

5-218018

UNOFFICIAL COPY

Property of Cook County Clerk's Office