



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook ss.

Order No. _____

ANNIE L. FISCHER being duly sworn

states that she resides at 2004 W. 175th Wood Ave in the City of CHICAGO ILL

That she was acquainted with STEPHEN P. FISCHER

deceased who, at the time of his death, was one of the owners of the land in Cook

County, Illinois, described as LOT 20 IN BLOCK 22 IN EDWARDS WOOD GARDENS, A SUBDIVISION OF THE WEST 1/2 OF SECTION 14 AND THE EAST 1/2 OF THE NORTH WEST 1/4 OF SECTION 15, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF A SANITARY DISTRICT RIGHT OF WAY (EXCEPT THAT FROM THE RIGHT OF WAY OF THE NORTHWEST CORNER TO EDWARDS WOOD GARDENS), IN COOK COUNTY, ILLINOIS.

That the deceased died MARCH 28, 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 _____ 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 _____ dollars.

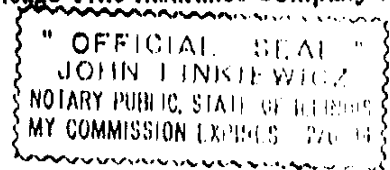
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Ann Fischer

this 5th day of June, A.D. 19 91

[Signature]
Notary Public



[Signature]
(affiant's signature)

UNOFFICIAL COPY

Property of Cook County Clerk's Office

6689216

DEPT. OF CLERK
1511 N. LAKE ST. CHICAGO, IL 60607
6689216

6689216



ANNA FISCHER
2654 W. EASTWOOD AVE
CHICAGO, IL 60625

UNOFFICIAL COPY

91268999

APR 2 1991

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER
606380

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

DECEASED NAME STEPHAN FISCHER		SEX Male		DATE OF BIRTH March 28, 1991	
AGE AT DEATH 54		MARRIAGE STATUS Married		DATE OF DEATH April 2, 1991	
PLACE OF BIRTH Chicago, Ill.		MARRIAGE DATE 1975		HOURS OF DEATH 7:30 P.M.	
HOSPITAL OR OTHER INSTITUTION Reverendwood Hospital		STREET AND NUMBER 176 W. Lincoln Ave., Chicago, Ill.		DATE SIGNED 4/1/91	
PHYSICIAN'S NAME Dr. Howard M. Rabin		CITY AND STATE Chicago, Ill.		ILLINOIS LICENSE NUMBER 9649883	
MANNER OF DEATH 176 Wife		SPECIFY MODE 133 Cook		NOTE: IF AN ARMY WAS INVOLVED IN THIS DEATH, THE COMORBID MEDICAL EXAMINATION MUST BE NOTED.	
CAUSE OF DEATH Small Cell Carcinoma of Lung with Metastasis		MOTHER'S NAME Barbara Fischer		MOTHER'S ADDRESS 176 W. Lincoln Ave., Chicago, Ill. 60625	
IMMEDIATE CAUSE OF DEATH Small Cell Carcinoma of Lung with Metastasis		FATHER'S NAME Stephan Fischer		FATHER'S ADDRESS 176 W. Lincoln Ave., Chicago, Ill. 60625	
MIDDLE CAUSE OF DEATH Small Cell Carcinoma of Lung with Metastasis		RELATIONSHIP Wife		MARRIAGE ADDRESS 176 W. Lincoln Ave., Chicago, Ill. 60625	
FINAL CAUSE OF DEATH Small Cell Carcinoma of Lung with Metastasis		MARRIAGE ADDRESS 176 W. Lincoln Ave., Chicago, Ill. 60625		MARRIAGE DATE 1975	
DATE OF OPERATION 200		NUMBER OF MEDICAL OPERATIONS 210		HOURS OF DEATH 7:30 P.M.	
SIGNATURE Howard M. Rabin		CITY AND STATE Chicago, Ill.		DATE SIGNED 4/1/91	
NAME AND ADDRESS OF CERTIFIER Howard M. Rabin, M.D., 2522 N. Lincoln Ave., Chicago, Ill. 60614		CITY AND STATE Chicago, Ill.		ILLINOIS LICENSE NUMBER 9649883	
REGISTRATION DISTRICT 16.10		CITY AND STATE Chicago, Ill.		DATE SIGNED 4/1/91	
REGISTRAR'S SIGNATURE Virginia L. Parker, M.B.A.		CITY AND STATE Chicago, Ill.		DATE SIGNED 4/1/91	