

UNOFFICIAL COPY

PROPERTY BANK, TO BE USED BY TRW

92422562

TRW Real Estate Loan Services

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS) DATE: June 9, 1992
COUNTY OF Cook) SS COMMITMENT NO: 32095347

Sandra Mae Brown, now known as Sandra Miller, being first duly sworn, for the purpose of inducing TRW Title Insurance Company to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

- 1. That he/she resides at: 11112 Avenue M, Chicago, IL 60617
2. That he/she was acquainted with N. Eugene Over who died on July 29, 1990, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died: leaving no last will and testament, leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/ Estate Tax and Federal Estate Tax purposes does not exceed \$.

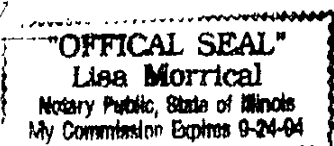
COOK COUNTY RECORDER 148898 TRW 92422562 06/10/92 14:15:00

Sandra Mae Brown, now known as Sandra Miller Affiant's Signature

92422562

Subscribed and sworn to before me this 9th day of July 1992

[Signature] Notary Public



2550

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LOT 313 (EXCEPT THE NORTH 18 FEET THEREOF) NORTH 26 FEET
OF LOT 314 IN F.J. LEWIS' SOUTH EASTERN DEVELOPMENT
BEING A SUBDIVISION IN THE WEST 1/2 AND IN THE NORTHEAST
1/4 OF SECTION 17, AND THE SOUTHEAST 1/4 OF SECTION 18,
ALL IN TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

26-17-308-04

Property of Cook County Clerk's Office



REGISTERED

Prudential Bank Trust
Two Concourse Parkway #500
Atlanta, Ga. 30328

UNOFFICIAL COPY

1500 S. Maybrook Drive - Maywood, Illinois 60154
Official Title Deputy Registrar

County Department of Public Health

SEP 17 1990

SIGNED

William McCurry

I 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.

REGISTRATION DISTRICT NO 16.0
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME N. Eugene Over		MIDDLE Over		LAST Over		SEX Male	DATE OF DEATH 7-29-90	
COUNTY OF DEATH Cook		AGE LAST BIRTHDAY 58		UNDER 1 YEAR DAYS		AGE 1 YEAR MONTHS		DATE OF BIRTH 4-15-17
CITY TOWN OR ROAD DISTRICT NUMBER Palos Heights		HOSPITAL OR OTHER INSTITUTION-NAME American Health Care Center		NO. NUMBER ONE STREET AND NUMBER None		IF HOSP DISTRICT INDICATED ON REGISTRATION FORM, INDICATE DISTRICT Inpatient		IF HOSP DISTRICT INDICATED ON REGISTRATION FORM, INDICATE DISTRICT None
MARRIED NEVER MARRIED WIDOWED DIVORCED SEPARATED Widowed		NAME OF SURVIVING SPOUSE (MARRIAGE & WIFE) None		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) High School		WAS REGISTERED IN U.S. ARMY OR NAVY No		WAS REGISTERED IN U.S. AIR FORCE No
SOCIAL SECURITY NUMBER 323-03-5607		U.S. CITIZENSHIP Naturalization		KIND OF BUSINESS OR INDUSTRY None		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) High School		WAS REGISTERED IN U.S. AIR FORCE No
RESIDENCE STREET AND NUMBER 1112 Ave N Chicago		CITY TOWN OR ROAD DISTRICT NO Chicago		INSIDE CITY Yes		COUNTY Cook		
STATE Ill.		RACE White		OF HISPANIC ORIGIN? No		SPECIFY OTHER RACE OR ETHNICITY None		
FIRST MIDDLE LAST Eugene Over		FIRST MIDDLE LAST Irma Henderson		RELATIONSHIP Daughter		MARRIAGE ADDRESS STREET AND NO. CARETAKER'S CITY AND STATE ZIP 1112 Ave N Chicago, Ill. 60617		
PREVIOUS CAUSE OF DEATH None		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE OF DEATH CORONARY HEART FAILURE		CAUSE OF DEATH CORONARY HEART FAILURE		MANNER OF DEATH Natural		
DATE OF OPERATION None		MAJOR FINDINGS OF OPERATION None		AUTOPSY No		IF FEMALE, WAS THERE A PRE-CONCEPTIONAL TEST No		
NAME AND ADDRESS OF PHYSICIAN WHO RECEIVED AND ATTESTED TO DEATH None		MONTH DAY YEAR 7/28/90		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? Yes		HOUR OF DEATH 3:45 A.M.		
NAME AND ADDRESS OF CERTIFIER None		DATE SIGNED 7/28/90		DATE SIGNED 7/28/90		MONTH DAY YEAR		
NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER None		CITY AND STATE Chicago, Ill.		ILLINOIS LICENSE NUMBER 026068401		NOTE: IF AN INQUIRY WAS MADE WITHIN THE DEATH OF THE CORONER OR MEDICAL EXAMINER, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BUREAU OF CREMATION None		CITY AND STATE Chicago, Ill.		DATE 8-1				
FUNERAL HOME None		CITY AND STATE Chicago, Ill.						

254 Elmwood Chapel 11200 South DuSable Ave Chicago, Ill. 60617