

# UNOFFICIAL COPY



COMMONWEALTH  
LAND TITLE INSURANCE COMPANY  
A Reliance Group Holdings Company

92429595

## DECEASED JOINT TENANCY AFFIDAVIT

92429595

STATE OF ILLINOIS  
COUNTY OF \_\_\_\_\_

} ss.

Order No. \_\_\_\_\_

2-125-130

Marion J. Conzo \_\_\_\_\_ being duly sworn  
states that She resides at \_\_\_\_\_ in the City of \_\_\_\_\_

That She was acquainted with Helen M. Constance deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 24E-----

(5)

In Prill's Hickory Hills Addition of the South Half (½) of the South Half (½) of the East Half (½) of the North West Quarter (¼) and the East Quarter (¼) of the North Half (½) of the South Half (½) or the East Half (½) of the East Half (½) of the North West quarter (¼) of Section 2, Township 37 North, Range 12, East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on May 16, 1958, as Document Number 1796158.

92429595

That the deceased died October 9, 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 \_\_\_\_\_

: DEPT-11 RECORD.T \$23.50  
: T#7777 TRAN 7195 06/15/92 16:41:00  
: \$8572 4 G \*-92-429595

COOK COUNTY RECORDER

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 Does not exceed the maximum Federal Taxable amount for estates.

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

Subscribed and sworn to before me by the said

23/02

this 8<sup>th</sup> day of JUNE, A.D. 1992

Anthony J. Lapaglia  
NOTARY PUBLIC, STATE OF ILLINOIS

MY COMMISSION EXPIRES 10/17/96

(Affiant's Signature)

# UNOFFICIAL COPY

REGISTRATION DISTRICT NO.	16-6
REGISTERED NUMBER	

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

DECEASED NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH MONTH DAY YEAR
1. COUNTY OF DEATH	COOK	M.	CONSTANCE	2. FEMALE	OCTOBER 9, 1991
2. BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY	6A OAK LAWN, GRAND RAPIDS MI	AGE LAST BY MONTH 5a. 1/4	UNDER 1 YEAR MOS. 5b. 5	UNDER 1 DAY HOURS 5c. 5	DATE OF BIRTH MONTH DAY YEAR
3. SOCIAL SECURITY NUMBER	10 3 22-10-8198	HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER GIVE STREET AND NUMBER		IF NOPE IN STATE CODE OR NAME OF SPONSOR	
4. RESIDENCE STREET AND NUMBER	13a. 8950 S. 84th AVE	NAME OF SURVIVING SPOUSE (MADELYN NAME OF WIFE)		IF NOPE IN STATE CODE OR NAME OF SPONSOR	
STATE	13b. ILLINOIS	NAME OF MARRIED WIFE		NAME OF SPONSOR	
FATHER'S NAME	13c. MARION CONZO	NAME OF MARRIED WIFE		NAME OF SPONSOR	
15. MOTHER'S NAME	JOHN	KONSTANTAKES	RELATIONSHIP	16. MARY	NAME OF SPONSOR
17a. PART I	17b. SISTER	17c. 205 S. MELVINA OAK LAWN IL	NAME OF SPONSOR	18. MARY	NAME OF SPONSOR
18. PART II	Enter the diseases or conditions that caused the death. Do not enter the cause of death on each line.		NAME OF SPONSOR	19. MARY	NAME OF SPONSOR
IMPROBABLE CAUSE (If known) (check one or more)	(a) DISEASE (b) ACCIDENT (c) SUICIDE (d) HOMICIDE (e) MISADVENTURE (f) UNKNOWN (g) OTHER		NAME OF SPONSOR	20. MARY	NAME OF SPONSOR
CONDITIONS IF ANY WHICH GIVE RISE TO IMPROBABLE CAUSE (a) STATE THE UNDERLYING CAUSE LAST	(b) DISEASE (c) ACCIDENT (d) SUICIDE (e) MISADVENTURE (f) UNKNOWN (g) OTHER		NAME OF SPONSOR	21. MARY	NAME OF SPONSOR
PART III	NAME OF SPONSOR		NAME OF SPONSOR	22. MARY	NAME OF SPONSOR
DATE OF DEATH	NAME OF SPONSOR		NAME OF SPONSOR	23. MARY	NAME OF SPONSOR
20a. PERSON ALLEGED TO BE DECEASED	NAME OF SPONSOR		NAME OF SPONSOR	24. MARY	NAME OF SPONSOR
20b. PERSON ALLEGED TO BE DECEASED	NAME OF SPONSOR		NAME OF SPONSOR	25. MARY	NAME OF SPONSOR
21a. THE BEST OF MY KNOWLEDGE AND BELIEF AS TO THE TIME DATE AND PLACE AND CAUSE OF DEATH STATED	NAME OF SPONSOR		NAME OF SPONSOR	26. MARY	NAME OF SPONSOR
22a. SIGNATURE LAWYER AND ATTORNEY OR CERTIFIER	NAME OF SPONSOR		NAME OF SPONSOR	27. MARY	NAME OF SPONSOR
22b. NAME OF ATTENDING PHYSICIAN OR CERTIFIER	NAME OF SPONSOR		NAME OF SPONSOR	28. MARY	NAME OF SPONSOR
23. SIGNATURE	NAME OF SPONSOR		NAME OF SPONSOR	29. MARY	NAME OF SPONSOR
24. SIGNATURE	NAME OF SPONSOR		NAME OF SPONSOR	30. MARY	NAME OF SPONSOR
25. PLATE NUMBER	NAME OF SPONSOR		NAME OF SPONSOR	31. MARY	NAME OF SPONSOR
26. REGISTRAR	NAME OF SPONSOR		NAME OF SPONSOR	32. MARY	NAME OF SPONSOR

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.

DATE OCT 10 1991

SIGNED *Priscilla McCarry*

Maywood County Department of Public Health

1500 S. Maybrook Drive - Maywood, Illinois 60154

Official Title Deputy Registrar