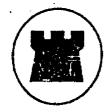
# UNOFFICIAL COPY 92479156



### CHICAGO TITLE INSURANCE COMPANY

#### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF Cook	ss.	Order No	
Violet	S. Lehman		being duly sworn
states that she resides at	1100 Normandy		in the City of
Glanview, Il			
That Sine vas acquain	ted with Lawren	ice Lehman	
deceased who, at the time of he County, Illinois, described as:	is death, was one of t	he owners of the land	in <u>Cook</u>
Lot One (1) in Strake hundred seventy (270) fer four one-hundredths (831 Division of the east halmorth, range twelve (12) the north four and forty in Cook County, Illinois Document No. 15215247, an Illinois.	et of the east eig ./4) feet of that f of section thirt east of the third -five one-hundredt , as per plac of s and commonly known	tht hundred thirty part of lot six ( y-six (36), towns principal meridi hs (4.45) chains urvey recorded No as 1100 Normandy	y-one and forty- (6) of the Assessor's (hip forty-two (42) (an, lying south of (of said lot six (6), (ovember 13, 1951 as
That the deceased diedcertified copy of death certificate	May 17,		, as evidenced by a
That the deceased died:		C>	
Leaving no Last Will &	Testament.	0	
will should be filed  Leaving a Last Will &  Division of the Circuit	with the Clerk of Coul  Testament which w	the Probate Division ty, Illinois. as filed in the Unpro	or of the Circuit Court of oven Will process of the Probate County, Illinois about
That the total value of the e he deceased either individually acced the sum of		_	ad personal property owned by ath of the deceased, does not dollars.
Affiant makes this affidavit fits Title Insurance Policy, describi			le Insurance Company to issue
Subscribed and sworn to before S. LEH.	, -	. T\$00 . \$2-	7-01 RECORDING \$23. 010 TRAN 1094 07/01/92 09:57:01 422 \$ ₩-92-479156 COOK COUNTY RECORDER
Notary Public	Trasse	<u> </u>	whit & Lehman (affiant's signature)
V			# 72 MAI

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Property of Cook Colling Clark's Offic 92479156

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r		OKIE					, Illinois	OFF	CLAL	TITI	.E	DI!	RECT	OR O	f HE	ALTH	
origi ks an lficat	inal record	of this sistrars a eath rec	re au: ord by	the Depa		449711	vith the IL lications fro bitc Health	im cop , local i	11 <i>89 1</i> 11	ene. c	rigine Count;	y clerk	F11. I	MB 433566	,,,,	MITS FLAKE	
	DISPOSITION				7 2	th &	CAUSE	: <b>3</b>	2		PARENTS	# Sd · Covered	C	Ø€Ċ€ASED	>	Type or Print in PERMANENT MAK. See Funeral Ethnoctors, Rosephtal, or Physicians Handbook for MISTRUCTIONS	
25b. >	Scott & F	NAME OF ATTENDING PHYSICIAN IF OTHER THANCERTIFIER  23.  BURBUL, CREMATION.  CEMETERY OR CREMATOR	2.6. 2500 Ridge	WHEHALIVE ON  AY 16, 1  YKNOWLEDGE.	ATTOM (FANY)	CARTE II. Other signs care car usays for to	H GIVE RISE TO DIATE CAUSE (a) HG THE UNDERLYING E LAST.	innedate Cause (Final disease or condition residing in death)	18.PARTI Englander	INFORMANT SNAME (TYPEORPENT)	FATHER-NAME FIRST	STATE ZP CODE	RESIDENCE (STREET MED MARGER)	7. OklahomaCity, OK SOCIAL SECURITY NUMBER	ETTY, TOWN, TWP, ORROAD DISTRICT NUMBER  Ba Skokie	DECEASED-NAME FIRST  1. Lawrence COUNTY OF DEATH  4. Cook	DISTRICT NO. 16.36 REGISTERED 12879 NUMBER
Comen X	Hebblethwaite 1240	17-A	Evanston, Ill	OCCUPREDAT THE THE	MAJOR FINDINGS OF OPERATION	uang to death but not insultang in the underlying	Parkinson's	Aspi-stion P	reficulors had counsel for the th Dorot ever he	Lebman		HACE WHITE	11ª Auditor   Gr	Ba. MATTIED  Ba. MATTIED  Ba. MATTIED	eb. OI	48 83 87 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	'
1	Paukegan	WE TUPE OHPHAIS	60201	NOTE AND TACE AND DUE TO THE CAUSE(S) STATED		derlying cause green in PART I	Disease	neumonia	17b. Wife 17d	ELATIONSHIP 16.	MOTHER-MANE	13b.G. e. Víew  BLACK N.E. X. OFHISPANK	CITY, TOWN ON FUND DISTRICT NO	Bb. Viclet Straka	Orchard Manar	Lehman 2 Lehman 2 unos Days under 10AY  Mos Days Houses und  Sb. Sc.	CERTIFICATE
гонели сыне с 26c 034	noi:	CHYON 1000 STATE		EXAMINEH POLYMER PROCESS OF THE CAUSE(S) STATED		AUTOPSY (YES MO)			174 100 Normandy In	Clara Linknown OFAF B. CITY OF TOWN STATE ZET	D LIYES SPECIFY:	OFHISPANIC ORIGIN (SPECTYMODRYES FYES		CAKA EDUCATION (SPEC	OROTHER INSTITUTION NAME OF FIVE THE ONE STREET AND MARKERS THE HOSP CHEST AND CATE OF EMER, PAR MENTER OF SPECIFIC FOR THE PROPERTY OF EMERICAN MARKET AND CATE OF CATE OF CHEST AND CATE OF	SEX DATE OF DEATH  2 Male 3 May 17 1  10AY DATE OF BIRTH MONTH, DAY, YEAR)  SELSON TO MINISTER TO THE SELSON TO TH	_
25c 034-010554	24d May 51MF 50025	<b></b>	ILLIMOISLICENSE NUMBER	21c. 6 MONTH DAY. 5/18/92	ir: et	PSY WHE MITOSYN GONE AND ARE PERSON OF THE PERSON OF THE ATHER SAN 1990.		2 weeks	Glenview, TI: 60025	Inknown	(:	S 13d COOK	COUNTY COUNTY	EDUCATION ISSECTION VINCTES (BYOCOMINETED)  **NASOCCEASED EVENING  *	EN GE INDALIANT	BATEOFDEATH  3. May 17, 1992 TH (WOMEN DAY, YEAR) TH (WOMEN DAY, YEAR) TH (WOMEN DAY, YEAR) THOUGH THE CONTROL OF THE CONTROL	NUMBER

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