



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

BERNICE RIDGENAL

being duly sworn

states that she resides at 1616 S. LAWDALE in the City of CHICAGO

That she was acquainted with Melvin Ridgenal

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

Lot 138 of J.H. Kedzie's Subdivision of Lansing's Addition to Chicago, being a Subdivision of the W 146.17 feet of Lot 4, all of Lots 5, 6, 15, 16 and the W 146.17 feet of Lot 17 in Section 22, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

16-23-305-007-0000

THIS PROPERTY INDEX NUMBER IS BEING PROVIDED AT THE CUSTOMER'S REQUEST. THE OFFICE OF THE RECORDER OF DEEDS DISCLAIMS ALL LIABILITY OR RESPONSIBILITY FOR ANY ERROR OR IMPRECISION IN THE NUMBER. THE CUSTOMER ACCEPTS ALL RESPONSIBILITY FOR THE CORRECTNESS OF THIS PROPERTY INDEX NUMBER.

That the deceased died July 28, 1973, as evidenced by a certified copy of death certificate of the deceased attached hereto.

DEPT-01 RECORDING
74444 TRAN 4577 08/10/92 13:40:00 \$23.50
47385 : 16-23-590291
COOK COUNTY RECORDER

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 FIFTYTHOUSAND & 00/100 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.

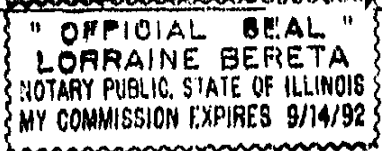
Subscribed and sworn to before me by the said

this 4th day of August, A.D. 19 92

Lorraine Bereta
Notary Public

Maitto
SMITH ROYALTY FINANCIAL CO.
201 N LA SALLE
CHICAGO, ILL 60601
23/8 R

Bernice Ridgenal
(affiant's signature)



92590291

UNOFFICIAL COPY

Property of Cook County Clerk's Office

92590791

COOK COUNTY CLERK'S OFFICE
JAN 10 2007

UNOFFICIAL COPY

92590291

Property of Cook County Clerk's Office

92590291

Melvin

Certificate of Death

UNOFFICIAL COPY

855 1400-750M-4-61

Printed by the Authority of the State of Illinois

YEAR 2021, DEPARTMENT OF PUBLIC HEALTH—Bureau of Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerk and local registrars are authorized to make reproductions from copies of the original record. The Illinois statute provides that the certification of a death required by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

AT North Chicago Illinois OFFICIAL TITLE Local Sub-Registrar

SIGNED *[Signature]* RUBOLFF B. GROM

DATE July 30, 1973

92590201

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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.

Illinois Department of Public Health - Office of Vital Records

VR 200 (1973)

26a. LOCAL REGISTRAR SIGNATURE *[Signature]* JOHN J. FISHER

26b. DATE RECORD LOCAL REGISTRAR (MONTH, DAY, YEAR) July 28, 1973

27a. FUNERAL DIRECTOR'S SIGNATURE *[Signature]* FUNERAL HOME

27b. FUNERAL HOME NAME 27c. STREET AND NUMBER ON R. F. D. 27d. CITY OR TOWN 27e. STATE 27f. ZIP

28a. BIRTH INFORMATION 28b. CEMETERY OR CREMATORY-NAME 28c. LOCATION 28d. DATE (MONTH, DAY, YEAR) 28e. STATE

29. Mortuary Administration Hospital 29a. Mailing Address-Certifier 29b. Street Number on R. F. D. 29c. City or Town 29d. State

30. Signature *[Signature]* 30a. Illinois License Number 30b. Date (Month, Day, Year) 30c. State

31. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE AS STATED

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED

32. I ATTENDED THE DECEASED FROM 32a. September 25, 1968 32b. July 28, 1973 32c. Hour of Death 7:30 P.M.

33. DATE OF OPERATION, IF ANY 33a. NONE 33b. MAJOR FINDINGS OF OPERATION

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (b) YES, (c) NO

(a) DUE TO AN ACUTE CONSEQUENCE OF (b) DUE TO AN ACUTE CONSEQUENCE OF (c) DUE TO AN ACUTE CONSEQUENCE OF

18. DEATH WAS CAUSED BY: 18a. VA Hospital, Downey, Illinois 60064 18b. Records 18c. VA Hospital, Downey, Illinois 60064

15. FATHER-NAME 15a. George (DNR) 15b. Kattle (DNR) 15c. Chobern

14. RESIDENCE 14a. Illinois 14b. Cook 14c. Chicago

12. SOCIAL SECURITY NUMBER 12a. 324 03 53 07 12b. Janitor 12c. Janitorial

8. BIRTHPLACE (STATE OR FOREIGN) 8a. U.S.A. 8b. Divorced 8c. None

7b. SHLADA 7c. No 7d. VA Hospital, Downey, Illinois 60064

4. RACE (WHITE, NEGRO, AMERICAN INDIAN, BIRTHDAY (YEAR, MONTH, DAY) 4a. Negro 4b. 66 4c. November 6, 1906

1. DECEASED-NAME 1a. Koltin (DNR) 1b. Male 1c. July 28, 1973

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 49.7B REGISTERED NUMBER 126

STATE OF ILLINOIS DEATH FILE NUMBER