



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

EVELYN S. MALKIN being duly sworn

states that SHE resides at 201 E CHESTNUT in the City of CHICAGO

That SHE was ^{MARRIED TO} acquainted with ROBERT V. MALKIN deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

17-03-227-018-1063

DEPT-01 RECORDING \$23.50
T#5555 TRAN 6394 09/24/92 10:16:00
#8105 \$ E * 92-709341
COOK COUNTY RECORDER

That the deceased died APRIL 13 - 1989, 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

this 23rd day of September, A.D. 19 92

[Signature]
Notary Public

OFFICIAL SEAL
ROBERT M. HIGGINS
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES MAY 16, 1995

[Signature]
(affiant's signature)

2350

92709341

UNOFFICIAL COPY

Property of Cook County Clerk's Office

CANAL TRUSTEE'S SUB. of the B. Parcel
1/4 of Parcel, Sec. 3-29-3

LAKE SHORE DRIVE ADD. TO CHICAGO,
a sub. of parts of (1) 1/4 of Canal
Trustee's Sub. of the B. Parcel 1/4 of
Parcel, Sec. 3-29-34. Surveyor certifies
I have succeeded that part of Lots 14 to 20 in
the Sub. of Hk. 14 in Canal Trustee's Sub.
of the B. Parcel 1/4 of Parcel, Sec. 3-29-34
lying E. of Pine St. on Lincoln Park Blvd. as
widened 110 ft. (except the W. 300 ft. of said
Lots 14 to 15 incl.), Lots 2 to 9 incl. of
Neely's Lake Shore Sub. of part of Hk. 20 of
the aforesaid Canal Trustee's Sub., Sublot A
of Lot 10 and Lot 11 (except the W. 50 ft.
thereof) of the Assessor's Div. of the N. 2, 2
and 1/2 of 16 in the E. 1/2 of the aforesaid NW
1/4 of the aforesaid Canal Trustee's Sub.,
excepting all the aforesaid tract of land
that part of the E. 1/2 of the parcel to and
from...



EVELYN S. MALKIN
201 - E. CHESTNUT APT. 12E
Chicago - ILL - 60611

987654321

UNOFFICIAL COPY

STATE FILE NUMBER
92709341
607242

April 20, 1989
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JOHNE C. EDWARDS M.D. M.P.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 OF 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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID—
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

1. DECEASED NAME: ROBERT MALKIN	SEX: MALE	DATE OF DEATH: APRIL 13 1989
2. COUNTY OF DEATH: COOK	UNDER 1 YEAR: 50	DATE OF BIRTH: AUGUST 9 1910
3. CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: CHICAGO	HOSPITAL OR OTHER INSTITUTION: NORTHWESTERN HOSPITAL	IF HOSP OR INST INDICATED, GIVE NAME & STREET ADDRESS (SEE INSTRUCTIONS)
4. MARITAL STATUS: MARRIED	NAME OF SURREVIVING SPOUSE: EVELYN SERBINE	IF SPOUSE DECEASED, GIVE NAME & STREET ADDRESS (SEE INSTRUCTIONS)
5. USUAL OCCUPATION: ACCOUNTANT	INDUSTRY: ACCOUNTING	EDUCATION: COLLEGE
6. RESIDENCE: 201 E CHESTNUT ILLINOIS	CITY: CHICAGO	COUNTY: COOK
7. ZIP CODE: 60611	RELATIONSHIP: WIFE	MOTHER'S NAME: (NOT AVAILABLE)
8. RACE: WHITE	RELATIONSHIP: WIFE	MARITAL ADDRESS: 201 E CHESTNUT CHICAGO ILLINOIS 60611
9. CAUSE OF DEATH: ACUTE MYOCARDIAL INFARCTION	CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A)	10. SUDDEN
10. CAUSE LAST: Coronary heart disease	11. TYPE: 10 years	
11. SIGNATURE: Sheldon Berger, M.D.	DATE OF OPERATION: did not	
12. NAME AND ADDRESS OF CENTER: 211 E Chicago Ave Chicago Illinois	DATE OF OPERATION: did not	
13. NAME OF ATTENDING PHYSICIAN OR OTHER TRAINER: Neil Stone, M.D.	DATE OF OPERATION: did not	
14. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
15. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
16. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
17. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
18. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
19. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
20. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
21. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
22. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
23. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
24. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
25. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
26. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
27. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
28. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
29. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	
30. BIRTHPLACE: St Paul Minnesota	DATE OF OPERATION: did not	

APR 15 1989
F-6665
APR 15 1989