

32844366 4 4 5 5 5

(FORM 102)

Affidavit by Surviving Joint Tenant

L. R. 9971 Doc. No. 2673080 Certificate No. 1167433

State of Illinois }
County of Cook } ss.

Joseph F. Black being first
duly sworn, upon oath deposes and says:

That he resides at 21 Miller's Rd. in the City of Des Plaines
and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. 1167433 situated in said Cook County, Illinois,
described as follows:

SEE REVERSE SIDE

92844366

DEPT-11 RECORD - T 425.50
T5555 FROM 1093 11/12/92 13:11:00
42923 * -92-844366
COOK COUNTY RECORDER

Affiant states that Nell R. Black one of the said owners in joint
tenancy, died intestate, in the city (Village) of Des Plaines in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed his marital status since
the issuance of Certificate of Title Number 1167433 (except who
has been married but once since acquiring said real estate and then to

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

Joseph F. Black
Joseph F. Black
" OFFICIAL SEAL "
LEONARD J. PETRUCELLI
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXP: 6/26/94

Subscribed and sworn to before me
this 14th day of October, 1993

Leonard J. Petrucci
NOTARY PUBLIC

YAMMIGH TEEWHITTON TEEAL ONE
BROCK BOWELL TEEWHITTON TEEAL ONE
NOTARY PUBLIC

2550

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Property of Cook County Clerk's Office

Real Estate:

11 Millens Road, Des Plaines, Illinois 60018

Legal Description: Lot 25

In Rauschenberg & Biasiello Pleasant Acres being a Subdivision of part of Lot 6 in Owner's Subdivision of Section 13, Township 41 North, Range 11 East of the Third Principal Meridian, according to Plat of said Rauschenberg & Biasiello Pleasant Acres registered in the Office of the Registrar of Titles of Cook County, Illinois, on November 15, 1971, as Document Number 2593366.

Permanent Tax Index No.:

08-13-402-035-0000

92844366

LEONARD J. BIASIELLO
ATTORNEY AT LAW
830 EAST NORTHWEST HIGHWAY
MOUNT PROSPECT, ILLINOIS 60056
(608) 888-7774

UNOFFICIAL COPY

92844266

At County Department of Public Health, Official Title Chief Deputy Registrar
1590 S. Maryland Drive, Maywood, Illinois 60153

Date: APR 20 1992

Signed

Michelle The...

I HEREBY CERTIFY THAT the foregoing is a 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.

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED NAME: **HELL, R. BLACK** SEX: **FEMALE** DATE OF BIRTH: **APRIL 19, 1904**

1. COUNTY OF DEATH: **COOK** CITY/TOWN/TWP OR ROAD DISTRICT NUMBER: **130** ZIP CODE: **60016**

2. RES. PLAINES, ILL. (MARRIED NEVER MARRIED DIVORCED) **HOLY FAMILY HOSPITAL** (HOSPITAL OR OTHER INSTITUTION) NAME OF SURVIVING SPOUSE: **JOSEPH F. BLACK**

3. SOCIAL SECURITY NUMBER: **361-07-2082** USUAL OCCUPATION: **INSPECTOR** KIND OF BUSINESS OR INDUSTRY: **BELMONT RADIO**

4. RESIDENCE STREET AND NUMBER: **13011 W. MILLERS ROAD** CITY/TOWN/TWP OR ROAD DISTRICT NO.: **DES PLAINES** INSIDE CITY: **YES** COUNTY: **COOK**

5. FATHER: **LON MAGGARD** MIDDLE: **MAGGARD** MOTHER: **CORDELIA TURNER**

6. DECEASED'S NAME (TYPE OR PRINT): **JOSEPH F. BLACK** RELATIONSHIP: **HUSB.** MAILING ADDRESS (STREET AND NO. OR P.O. BOX): **17011 W. MILLERS RD., DES PLAINES, ILL.**

7. IMMEDIATE CAUSE (Final disease or condition leading to death): **State Rec'd Pulmo**

8. CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **State Rec'd Pulmo** (b) **State Rec'd Pulmo** (c) **State Rec'd Pulmo**

9. DATE OF OPERATION IF ANY: **4/17/92** WAS OPERATOR MEDICAL EXAMINER (INDICATE BY YES OR NO): **NO**

10. SIGNATURE OF DECEASED: **Joseph F. Black** DATE SIGNED: **4/20/92**

11. SIGNATURE OF WITNESS: **Michelle The...** DATE SIGNED: **4/20/92**

12. NAME OF ATTESTING PHYSICIAN IF OTHER THAN CRITERIA: **Des Plaines, IL**

13. DR. **CO** 1400 S. GOLF ROAD, DES PLAINES, ILLINOIS
CEMENTARY OR CREMATORIAL NAME: **ACACIA PARK CEMETERY** LOCATION: **CHICAGO, ILLINOIS**

14. DEALER, FUNERAL HOME, 555 LEE STREET, DES PLAINES, ILLINOIS 60016
FUNERAL DIRECTOR'S SIGNATURE: **Michelle The...** DATE: **APRIL 21, 1992**

15. LOCAL HEALTH DEPARTMENT SIGNATURE: **KAREN L. SCOTT, M.D.** REGISTERED: **APRIL 21, 1992**