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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. NONE PENDING

Arthur J. Nord

being duly sworn

states that he resides at 1106 Robert Drive in the City of Mount Prospect, Illinois

That he was acquainted with Eleanor Nord

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

Lot 7 in Block 4 in Elk Ridge Villa Unit No. 1, being a Subdivision in the West 1/2 of the West 1/2 of Section 14, Township 41 North, Range 11, East of the Third Principal Meridian, according to Plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on November 26, 1958, as Document Number 1831541, and Certificate of Correction thereof registered as Document Number 1832286.

Permanent tax no. 08-14-114-007

Property address: 1106 Robert Drive, Mount Prospect, Illinois

That the deceased died August 11, 1992, as evidenced by a certified copy of death certificate of the deceased attached hereto.

DEPT-11 RECORD T.

\$23.50

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 Cook County, Illinois about October 1, 1992

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 One Hundred Seventy Five Thousand and no/100 (\$175,000.00)----- dollars.

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

Subscribed and sworn to before me by the said

Arthur J. Nord

92947664

\$ 23.50

This 14th day of December, A.D. 19 92

John C. Haas
Notary Public

Arthur J. Nord
(affiant's signature)

ARTHUR J. NORD

This instrument prepared by: John C. Haas
115 S. Emerson Street
Mt. Prospect, IL 60056

FORM 5703

MAIL TO:

"OFFICIAL SEAL"
JOHN C. HAAS
Notary Public, State of Illinois
My Commission Expires 10/21/95

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2007-11-19

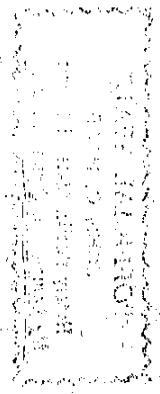
STATE OF ILLINOIS



OFFICE OF THE CLERK OF THE SUPREME COURT

CLERK OF THE SUPREME COURT
100 N. LAUREL ST., 11TH FLOOR
CHICAGO, ILLINOIS 60602

Property of Cook County Clerk's Office



HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in this report and that this report 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.

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DATE: August 13, 1992

SIGNED:

Margaret Valentin
Official Title, Chief Deputy Registrar

Cook County Department of Public Health

REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FIRE NUMBER	
1. DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
ELEANOR	L.		NORD	2. Female	3. August 11, 1992
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	5a. Des Plaines	5b. Holy Family Hospital	6a. HUSBAND NEVER MARRIED, MARRIED, DIVORCED, SEPARATED	6b. Arthur Nord	6c. D.O.A.
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	Chicago, IL	8a. Married	8b. Arthur Nord	8c. YES	9. WAS DECEASED IN MILITARY SERVICE? (YES/NO)
10. SOCIAL SECURITY NUMBER	346 12 2697	11a. Homemaker	11b. Own home	12. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	13. HIGHEST GRADE COMPLETED
12. RESIDENCE (STREET AND NUMBER)	1106 Robert Drive	13b. Mt. Prospect	14b. Own home	15. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	16. HIGHEST GRADE COMPLETED
13a. STATE	Illinois	13c. Yes	14c. YES	15. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	16. HIGHEST GRADE COMPLETED
13b. ZIP CODE	60056	14a. White	14b. X NO	15. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	16. HIGHEST GRADE COMPLETED
14. FATHER-NAME	Oscar Magnuson	14c. White	14d. X NO	15. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	16. HIGHEST GRADE COMPLETED
15. MOTHER-NAME	Hilma Johnson	14d. X NO	14e. YES	15. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	16. HIGHEST GRADE COMPLETED
16. PART I. DECEASED'S NAME (TYPE OR PRINT)	17a. Mr. Arthur Nord	16. RELATIONSHIP	17b. Spouse	17c. 1106 Robert Dr., Mt. Prospect, IL 60056	17d. 60056
18. PART II. Enter reportable conditions (as defined by the underlying cause of death) (PART II)	<p>18. PART II. Enter reportable conditions (as defined by the underlying cause of death) (PART II)</p> <p>18. PART II. Enter reportable conditions (as defined by the underlying cause of death) (PART II)</p> <p>18. PART II. Enter reportable conditions (as defined by the underlying cause of death) (PART II)</p>				
19. DATE OF OPERATION, IF ANY	20a.	20b.	20c.	20d.	20e.
21. TO THE BEST OF MY KNOWLEDGE (a) I BELIEVE THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	<p>21. TO THE BEST OF MY KNOWLEDGE (a) I BELIEVE THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</p> <p>21. TO THE BEST OF MY KNOWLEDGE (a) I BELIEVE THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</p> <p>21. TO THE BEST OF MY KNOWLEDGE (a) I BELIEVE THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</p>				
22. SIGNATURE	<p>22. SIGNATURE</p> <p>22. SIGNATURE</p> <p>22. SIGNATURE</p>				
23. NAME AND ADDRESS OF DECEASED	<p>23. NAME AND ADDRESS OF DECEASED</p> <p>23. NAME AND ADDRESS OF DECEASED</p> <p>23. NAME AND ADDRESS OF DECEASED</p>				
24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)	<p>24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)</p> <p>24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)</p> <p>24. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)</p>				
25. BURIAL CREMATION, REMOVAL, etc.	25a. Burial	25b. Cremation	25c. Removal	25d. Other	25e. Other
26. FUNERAL HOME	<p>26. FUNERAL HOME</p> <p>26. FUNERAL HOME</p> <p>26. FUNERAL HOME</p>				
27. FUNERAL DIRECTOR'S SIGNATURE	<p>27. FUNERAL DIRECTOR'S SIGNATURE</p> <p>27. FUNERAL DIRECTOR'S SIGNATURE</p> <p>27. FUNERAL DIRECTOR'S SIGNATURE</p>				
28. LOCAL REGISTRATION DISTRICT NUMBER	<p>28. LOCAL REGISTRATION DISTRICT NUMBER</p> <p>28. LOCAL REGISTRATION DISTRICT NUMBER</p> <p>28. LOCAL REGISTRATION DISTRICT NUMBER</p>				

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