



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

_____ being duly sworn
states that H.E. resides at 410 N. ... in the City of
...

That _____ was acquainted with _____
deceased who, at the time of _____ death, was one of the owners of the land in _____
County, Illinois, described as:

[Faint, mostly illegible text describing the property, possibly including a street address and lot information.]

That the deceased died _____, 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

Joseph A. ...

this 7 day of ..., A.D. 19 ...

...

Notary Public

(affiant's signature)

CHICAGO TITLE INSURANCE COMPANY
111 N. WABASH ST. CHICAGO, ILL. 60601
TEL. 312-467-1125
ORDER NO. 92109540

23.50

MEDICAL CERTIFICATE OF DEATH

HELEN

GRACE

FEMALE NOVEMBER 29, 1989

COOK

NOVEMBER 22, 1917

PARK RIDGE

LUTHERAN GENERAL HOSPITAL

INPATIENT

ILLINOIS Chicago

HARRIEN

JOSEPH GRACE

No

353-07-9565

no reader

own home

10

40 N 6TH AVENUE

DES PLAINES

YES

COOK

ILLINOIS 60016

WHITE

Age at Death

0 ROBERT

Elizabeth

HURLEY

CAROL BERNIERO REGISTRAR

HQS. REC. 11/75 DEMPSTER ST., PARK RIDGE, IL. 60068

Consensus of Office Staff

Mitral Valve Disease
Coronary Artery Disease

2 weeks
Years
Years

more hepatitis with gallstone
Bleeding from terminal artery
11/3/89

11/23/89

11:21 A.

Signature: *Severa Adams*

11/30/89

DR. S HERSH, M.D. 9301 GOLF RD., DES PLAINES, IL. 60016

36-50066

NOTE: IF AN INQUIRY WAS MADE REGARDING THIS DEATH IN THE COMMON OR MEDICAL EXAMINER MUST BE NOTIFIED

Burial

All Saints Cemetery

Des Plaines, Illinois

Dec. 2, 1989

Koissak Funeral Home, Ltd, 189 S. Milwaukee Ave. Wheeling, Illinois 60090

Funeral Director: Joanna M. Ralph

9304

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.

Notarized at Cook County, Illinois, on November 30, 1989. Stated: [Signature] Notary Public, Chief Deputy

UNOFFICIAL COPY

01-960710

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