UNOFFICIAL COPY 388096 JOINT TENANCY AFFIDAVIT

STATE OF JLLINOIS Les	ORDER NO.			
COUNTY CF LOCK	DATE: 5/13/02:			
	,			
HIIGH H REGEN TO	hereinafter referred to as the "affiant", deposes and			
HUGH H. BROWN JR. states that the afflant resides at 15892 S TRu	milyelf, a maple, 22 60:55 in the City of			
	·····			
That the decedent at the time of his/her death was an owner	of the property located in <u>Cook</u>			
County, Illino's, legally described as follows:				
LOT 17 IN EDWIN B HARDS SUBDIVISION OF BEFEET AND THE WEST 33 PEET THEREOF) IN GEOTHE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION OF THE THIRD PRINCIPAL MERITANCES.	DRGE W HILLS SUBDIVISION OF FINE TOWNSHIP 37 NORTH,			
ILLINOIS.				
PERMANENT TAK WANDER: 24-14-409-0	726			
	92398096			
1992 JUN - 5 MI II: 50	9200000			
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, ,	1/3			
That said decedent died on 10/1/83	leaving no/a-test will and testament;			
	<u> </u>			
That the total value of the estate of said decedent including is \$ 27	ng his/her taxable interest in the above real estate			
is \$;	4'			
That the Illinois Inheritance Tax and the Federal Estate Tax,	if any was due from the upcedent's estate, has been			
paid in full;	O_{c}			
That the affiant makes this affidavit to induce TICOR TITLE	INSURANCE COMPANY to issue its Policy of Title			
Insurance on the above described property.	Co			
	1 11			
the state of the s	Signature (1994) Browning			
}	SUBSCRIBED AND SWORN TO before me			
	SUBSCRIBED AND SWORN TO before me this 18 to day of 15 acres 19 22			
harrier and the second and the second	a Notary Public imand for said State and County.			
	(heary the meen			
NOTE: If the decedent left a will it will be necessary that the	original or a certified copy therof be presented to us			
NOTE: If the decedent left a will it will be necessary that the for inspection.	onginal of a certified copy thereto be presented to us			

A death certificate together with evidence of payment of death taxes, if any, should accompany this

affidavit.

UNOFFICIAL CO

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item I 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 birth, stillbirths and deaths.

		<u>~</u>
October	3,	$-\frac{1}{2}$
DATE 1988	<u> </u>	SIGNED Jolet Maguell

At Cook County Department of Public Health Official Title Chief Deputy Registrar 1500 South Maybrook Drive, Maywood, Illinois 60153.

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9 / 0	SURVAL CREATION, REMOVAL SPECTO, REMOVAL SPECTO, REMOVAL HOME FUNCHAL HOME	TO THE RES. OF LENGWICES 224 SIGNITURE AND LOGRESS OF CERTIF AND	DATE OF OPERATION, IF ANY	PART L CONGRESS OF ANY, WHICH CIPE RISE TO	12 334-24-7886 PRESIDENCE STREET AND NUMBER 144 10842 SOUTTH FATHER - AAUE 15 WATE INFORMANT NAME (TIPE OF PRANT)	NUMBER OCCEASED - NAVE BACE - INVIE SLAS AVENCAN OF AUTO, TOWN TWO OR ROAD DISTRICT TO OTHE LOF GIRTH - 18 NOTUSA MULTON TWO B IIII 1 no 1 S SOCIAL SECURITY NUMBER	REGISTERED
ACAMERIA L. SCOTT. A RESISTEAR	CEMETERY OR CHEMATORY 246 EVET BY BOTH MANE TO STREET HOTE A			DEATH WAS CAUSE INVESTMENT CAUSE COLUMN CONTRACTOR AS A DUE TO OR AS A	Tru	TATELLIS IN THE STATE OF WHAT COUNTRY IN THE	
James 10413 South	TORY - NAME BOD STRUCTURE TO 10415 B	F THE DATE WO PLACE N	OR AS A CONSEQUENCE OF OD DITCHS CONTROLLAS TO DEMH BUT NOT RELECTED TO CLOSE GLEN A PART UAJOR FINDINGS OF OPERATION 205	10 17 OI	Waker Chicago were Kalchbrenner		MEDICAL CER
Melka Melka Megantan of Parament	OCATION OCATION OCATION	MAS CORDING ENANCER NO CONST. STATE	O CAUSE GLEEN IN PART 8.	CHINDIAIN OF 4440 M	16 18 22 27 18 27	TIAL STATES	CERTIFICATE OF
The CARO 111		ноия	MICOST 184 - STANT 184 - STANT 184 - STANT 185 - STANT	W. 95th STREET.	Elore	EX DATE OF DEATH - WAS DECOSED FROM USES OF SURVIVING SPOUSE - PARTY - WAS DECOSED FOR HIS STORY IN USES.	DEATH
TOWERAL DIRECTOR'S ILLING'S LICENSE NUMBER THE RESTRICT BY LOCAL REGISTRAR WASHING FOR THE BOTTOM BY LOCAL REGISTRAR WASHING CONTINUENTS THE LOCAL REGISTRAR WASHINGTON BY THE BOTTOM BY LOCAL REGISTRAR WASHINGTON BY THE BOTTOM BY THE BY TH	TO IN THIS BEATH THE RIVEST BE NOTIFIED. TO DATE AREA CATTERN THE PARTY OF THE PAR	K \ 5 1"		ONK LAMPA REPRESENTED ONLY	Scott Scott 60453	DATE OF DEATH — WARR, CAT YEST, MALE 1 OCTOBER 1, 1988 F BATH — NO CAT YEST, COUNTY OF DEATH COUNTY OF DEATH COUNTY OF DEATH F HOSP OR BAST INDICATE DOA OF LUER R MU HAZHENT SPECIFY, MALE OF SURVIVING SPOUSE — MADEN NAME & WALL MAS DECEASED EVER HIJ'S MAR OR DATES OF SERVICE	
ur:cate)	1988	N =	4 OES	ILLINOIS INTERNATIONALIS	101s	SPECIFY)	

STATE OF ILLINOIS