

UNOFFICIAL COPY

RETURN TO BOX 43

93573733



# Investors Title Guarantee, Inc.

312 W. RANDOLPH ST., SUITE 800 - CHICAGO, ILLINOIS 60606 • (312) 201-0000 • FAX (312) 201-1508

## DECEASED JOINT TENANCY AFFIDAVIT

44433 1/2 74

STATE OF ILLINOIS  
COUNTY OF

Order No. 0-44132

ERWIN A. BANIA

being duly sworn

states that HE resides at 9883 SORENG  
SCHILLER PK. ILL

In the City of

That HE was acquainted with MIRIAM BANIA

deceased who, at the time of HER death, was one of the owners of the land in \_\_\_\_\_  
County, Illinois, described as:

9883 Soreng, Schiller Park, Illinois  
Tax ID# 12-21-222-064  
See Attached Rider for Legal Description

93573733

DEPT OF RECORDINGS \$25.00  
1993 JUL 14 10:14 AM  
CLERK OF COOK COUNTY RECORDS

That the deceased died ACUTE MYOCARDIAL INFARCTION, 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 \_\_\_\_\_

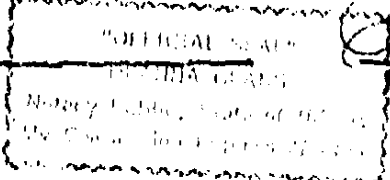
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

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

Subscribed and sworn to before me by the said

this 14 day of JULY, A.D. 19 93

Doranna Adams  
Notary Public



Erwin A. Bania  
(affiant's signature)

2550  
A

2530

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 220.B  
 REGISTERED NUMBER 710

DECEASED—NAME <b>MIRIAM</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>1 OCTOBER 16, 1977</b>
AGE—LAST BIRTHDAY (MOS. YRS. DAYS) <b>53</b>		DATE OF BIRTH <b>16 NOV 4, 1923</b>	PLACE OF BIRTH <b>76 DU PAGE</b>
RACE <b>WHITE</b>		HOSPITAL, OR OTHER INSTITUTION NAME <b>MEMORIAL HOSPITAL OF DU PAGE COUNTY</b>	
CITIZENSHIP <b>U.S.A.</b>		NAME OF SURVIVING SPOUSE <b>EDWIN A. BANIA</b>	
MARRIAGE STATUS <b>MARRIED</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (MOS. YRS. DAYS) <b>10 MARRIED</b>	
SOCIAL SECURITY NUMBER <b>344-16-0587</b>		U.S. WAR VETERAN (MOS. YRS. DAYS) <b>YES 148 9883 SORONG</b>	
RESIDENCE <b>ILLINOIS</b>		STREET AND NUMBER <b>SCHILLER PARK YES 148 9883 SORONG</b>	
FATHER—NAME (MOS. YRS. DAYS) <b>NOT AVAILABLE</b>		MOTHER—MAIDEN NAME <b>NOT AVAILABLE</b>	
RELATIONSHIP TO DECEASED <b>RECORDS, AVON &amp; SCHILLER STREETS</b>			
DEATH WAS CAUSED BY <b>ACUTE MYOCARDIAL INFARCTION</b>			
IMMEDIATE CAUSE <b>ARTERIO SCLEROTIC HEART DISEASE</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CAUSE GIVEN IN PART 1 <b>METASTATIC LUNG CANCER</b>			
DATE OF OPERATION (MOS. YRS. DAYS) <b>10-16-77</b>		HOURS OF DEATH <b>10:15A M.</b>	
I CERTIFY TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, TIME AND PLACE, AND FROM THE CAUSES STATED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.			
SIGNATURE <b>Thomas J. Ryan MD</b>		DATE SIGNED <b>10-18-77</b>	
MARITAL ADDRESS <b>5310 W. PULASKI AVE</b>		MUNICIPALITY <b>ELMHURST</b>	
CITY <b>ELMHURST</b>		STATE <b>ILLINOIS</b>	
COUNTY <b>DU PAGE</b>		ZIP CODE <b>60126</b>	
FURNERAL HOME <b>7700 W. MARYVILLE</b>		CITY OF TOWN <b>ELMHURST</b>	
FURNERAL DIRECTOR'S SIGNATURE <b>WHEATON FUNERAL HOME</b>		LOCAL REGISTRAR'S SIGNATURE <b>John P. ...</b>	
FURNERAL DIRECTOR'S NAME <b>WHEATON FUNERAL HOME</b>		LOCAL REGISTRAR'S NAME <b>John P. ...</b>	
FURNERAL DIRECTOR'S ADDRESS <b>9508 BELLEVILLE</b>		LOCAL REGISTRAR'S ADDRESS <b>...</b>	
FURNERAL DIRECTOR'S CITY <b>WHEATON</b>		LOCAL REGISTRAR'S CITY <b>...</b>	
FURNERAL DIRECTOR'S STATE <b>ILLINOIS</b>		LOCAL REGISTRAR'S STATE <b>ILLINOIS</b>	
FURNERAL DIRECTOR'S ZIP CODE <b>60187</b>		LOCAL REGISTRAR'S ZIP CODE <b>...</b>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statute relating to the registration of births, stillbirths and deaths.  
 DATE Oct 31 1977 SIGNED John P. ...

AT WHEATON, Illinois, OFFICIAL TITLE LOCAL REGISTRAR  
 The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar of the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

93573733

UNOFFICIAL COPY

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

Document No. 21272203

Parcel 1: The East 19.50 feet of the West 64.00 feet of Lot eleven (11) in Eden Gardens, being a subdivision in the Northwest quarter (1/4) of the Northeast quarter (1/4) of Section 21, Township 40 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

ALSO

Parcel 2: Easements appurtenant to and for the benefit of Parcel 1 as set forth in Declaration of Covenants and Easements dated January 16, 1967, and recorded January 17, 1967, as Document No. 20045204 and created by Deed from Eden Gardens, Inc. to William G. Orso and Jane A. Orso, his wife, dated July 30, 1970, and recorded September 23, 1970, as Document No. 21272203 for ingress and egress over and across: The South 8.50 feet of Lot eleven (11) (except that part thereof falling in Parcel 1 aforesaid) in Eden Gardens Subdivision aforesaid, in Cook County, Illinois.

93573733

93573733