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93575945



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

Order No. _____

Nancy Walker being duly sworn
states that she resided at 1400 Yarmouth in the City of
Westchester

That she was acquainted with Robert Walker
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

DESCRIPTION OF LAND

The South Fifteen (15) feet of LOT ELEVEN (except the West
Seven (7) feet thereof deduced for widening Waller
Avenue).....(11)
LOT TWELVE (except the West Seven (7) feet thereof deduced
for widening Waller Avenue).....(12)
In Block Two (2) in Henry Waller's Subdivision of the South 43-3/4 Acres of the East
Half (4) of the Southeast Quarter (4) of Section Eight (8) Township Thirty Nine (39)
North, Range Thirteen (13), East of the Third Principal Meridian.

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certified copy of death certificate of the deceased attached hereto. DEPT. OF RECORDS & ADMINISTRATION \$23.50
145555 IRAM 7/25/93 14:51:00
7651 16 77-575945
COOK COUNTY RECORDER

- 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 _____

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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
Nancy Walker
this 23rd day of July, A.D. 19 93
Abeyan
Notary Public

" OFFICIAL SEAL "
ABRAHAM AJAO
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 7/14/96

Nancy Walker
(affiant's signature)

2350

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Property of Cook County Clerk's Office

02875945



Nancy Walker
1400 Yarmouth - Unit 30
Mt Prospect, Ill. 60056

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FORM 3700

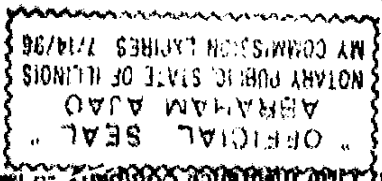
2352

(Affiant's signature)

Notary Public

Handwritten signature of Notary Public

This day of July, A.D. 1993



Handwritten signature of Notary Public

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.

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

Leaving a Last Will & Testament which was filed in the Unproven, VIII Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

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 no Last Will & Testament.

That the decedent died: _____

certified copy of death certificate of the decedent attached hereto.

That the decedent died _____

4-9-1989

as evidenced by a _____

COOK COUNTY RECORDER
27551 & 27552-525945
143955 (RAN 745 07/23/93 1439100)

93575945

ily sworn
he City of

Chicago Title Insurance Company



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STATE OF ILLINOIS
County of Cook

DAVID D. ORR, County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

DISTRICT NO. 16.92	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER 573	MEDICAL CERTIFICATE OF DEATH 89-025235	

1 DECEASED-NAME FIRST MIDDLE LAST ROBERT WALKER	2 SEX MALE	3 DATE OF DEATH MONTH DAY YEAR APRIL 9, 1989
4 COUNTY OF DEATH COOK	5a AGE-LAST BIRTH-DAY (YR:MO:DA) 61	5b UNDER 1 YEAR 5c UNDER 1 DAY
6a CITY TOWN TWP OR ROAD DISTRICT NUMBER PROVISO TOWNSHIP	6b HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) FOSTER G MCGAW HOSPITAL	6c HOME OR INST. NO. (CATEGORY OF EMER. RES. INPATIENT) SPECIFY INPATIENT
7 BIRTHPLACE (CITY AND STATE & FOREIGN COUNTRY) ILLINOIS	8 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED DIVORCED	9 NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) Clara Dawson
10 SOCIAL SECURITY NUMBER 360-14-0732	11a USUAL OCCUPATION Director of Cook Hosp.	11b KIND OF BUSINESS OR INDUSTRY Chicago Police
12a RESIDENCE (STREET AND NUMBER) 333 S EAST AVE	12b CITY, TOWN OR ROAD DISTRICT NO. OAK PARK	12c INSIDE CITY (YES/NO) YES
13a STATE ILLINOIS	13b ZIP CODE 60302	13c COUNTY COOK

14a NAME (FIRST MIDDLE LAST) Robert Walker	14b NAME (FIRST MIDDLE LAST) Clara Dawson
15 PRISCILLA MARSHALL	16 CLARA DAWSON

17a INFORMATION ENTIRE (TYPE OR PRINT) PRISCILLA MARSHALL	17b MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP) 2160 S FIRST AVE MAYWOOD ILL
18a IMMEDIATE CAUSE (Final disease or condition resulting in death) Cancer of the lung	18b DUE TO OR AS A CONSEQUENCE OF
18c CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST Hypercalcemia of malignancy	18d DUE TO, OR AS A CONSEQUENCE OF

19a PART II. Other important conditions contributing to death but not included in the underlying cause given in PART I Hypercalcemia of malignancy	19b AUTOPSY (YES/NO) No	19c HUSBAND (YES/NO) No
20a DATE OF OPERATION (IF ANY)	20b MAJOR FINDINGS OF OPERATION	20c SEX (MALE/WAS THERE A PREDECESSOR IN THE LINE) YES/NO

21a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. APRIL 8, 1989	21b WAS CORPSE OR MEDICAL EXAMINER NOTE EOT (YES/NO) No	21c HOUR OF DEATH 2:10 AM
22a SIGNATURE OF CERTIFIER Name Hinkel MD (Dr. E. Winkler)	22b DATE 4-10-89	22c ILLINOIS LICENSE NUMBER T021326
23a NAME AND ADDRESS OF CERTIFIER Loyola University Med Cent / 2160 S. First Ave Maywood, IL	23b NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) Kenneth Micetich	23c NOTE: IF AN ALIEN WAS INVOLVED IN THE DEATH THE CONSOLE OF MEDICAL EXAMINER MUST BE NOTIFIED

24a BURIAL OR CREMATION (SPECIFY) Burial	24b CEMETERY OR CREMATORY-NAME Oak Ridge	24c LOCATION Hillside, Illinois	24d DATE 4-13-89
25a FLUNERAL HOME Catholic Chapel 1022 - 44th St Chicago, IL 60632	25b LOCAL HEALTH DEPARTMENT Broadview, Illinois 60153	25c DATE FILED April 11, 1989	25d

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