

UNOFFICIAL COPY

REI REAL ESTATE INDEX

1400 ROOSE WENDEL
ARLINGTON H. HEIGHTS ILL. 60017
708 584 8000 FAX 708 471 8077

93692234



Prepared by e Mail to: Gayle Andress
American Nat'l Bank of Arlington Hts.
One North Dunton Ave
Arlington Hts., IL 60005



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

38.

Order No. 310 C

PEARL E. TRUMMER

being duly sworn

states that SHE resides at 1418 W. OAKTON in the City of ARLINGTON HEIGHTS

That SHE was acquainted with RICHARD M. TRUMMER

deceased who, at the time of HIS death, was one of the owners of the land in COOK

County, Illinois, described as: 1418 W. OAKTON, ARLINGTON HEIGHTS, ILLINOIS
INDEX #03-19-322-014

LOT 27 IN RAYMOND L. LUTGERT'S SUBDIVISION OF THE WEST 78 ACRES
OF THE SOUTHWEST 1/4 OF SECTION 19, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD
P.M.

DEPT-01 RECORDING \$23.50

T#0000 TRAN 3524 08/31/93 10:08:00

\$6797 * 93-692234

COOK COUNTY RECORDER as evidenced by a

That the deceased died APRIL 10, 1963 certified copy of death certificate of the deceased attached hereto.

That the deceased died:

93692234

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 FORTY FIVE THOUSAND AND 00/100 \$45,000 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

AFFIANT

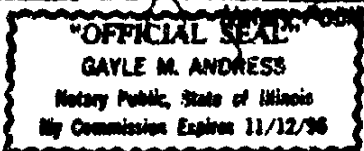
this 21ST day of AUGUST, A.D. 19 93

Gayle M. Andress

GAYLE M. ANDRESS

Pearl E. Trummer

(Affiant's Signature) PEARL E. TRUMMER



2350

REI TITLE SERVICES # 88-16874

UNOFFICIAL COPY

RECORDED

Property of Cook County Clerk's Office

93637224
RECORDED

OFFICIAL SEAL
CLERK OF COOK COUNTY
JANUARY 1, 1831

UNOFFICIAL COPY

FILL IN WITH TYPEWRITER OR LEGIBLE PRINTING

ORIGINAL

STATE OF ILLINOIS

STATE FILE
NUMBER

93692234

DECEDENT'S PERSONAL DATA		MEDICAL CERTIFICATE OF DEATH		REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER 1011	
1. PLACE OF DEATH a. STATE ILLINOIS		b. COUNTY COOK		7. USUAL RESIDENCE (Where deceased lived at date of death) STATE ILLINOIS		c. COUNTY COOK	
2. <input checked="" type="checkbox"/> INSIDE (Hospital, Home, City, or Village, or Precinct, or Town) ARLINGTON HEIGHTS		3. <input type="checkbox"/> OUTSIDE (Corporate limits and in Township name Rural District No. 8 ^{1/2} Years		7. <input checked="" type="checkbox"/> INSIDE (Corporate limits and in Township name Rural District No. 8 ^{1/2} Years		8. <input type="checkbox"/> OUTSIDE (Corporate limits and in Township name Rural District No. 8 ^{1/2} Years	
9. NAME OF HOSPITAL OR INSTITUTION NORTHWEST COMMUNITY HOSPITAL		10. ADDRESS (Street & No. or R.F.D. and Post Office) 1418 W. OAKTON Street		11. DATE OF DEATH APRIL 10 1963		12. AGE (In years, months, days, hours, min) 40	
13. NAME OF DECEASED RICHARD		14. NAME OF DECEASED MATTHEW TRUMMER		15. DATE OF BIRTH 12-12-22		16. AGE (In years, months, days, hours, min) 40	
17. SEX MALE		18. RACE WHITE		19. MARRIAGE STATUS MARRIED		20. BIRTHPLACE (City, and state or foreign country) CHICAGO, ILLINOIS	
21. USUAL OCCUPATION SALESMAN		22. KIND OF BUSINESS OR INDUSTRY PAINT & LACQUER		23. FATHER'S FULL NAME MATTHEW TRUMMER		24. MOTHER'S FULL MAIDEN NAME HELEN NOBIELEKI	
25. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) YES WORLD WAR 2		26. SOCIAL SECURITY NUMBER 343-16-8130		27. SIGNATURE Phyllis Noet R.N.		28. RELATIONSHIP TO DECEASED MEDICAL RECORD	
29. MEDICAL CAUSE OF DEATH PART I. IMMEDIATE CAUSE (A) INFARCTS OF HEART ACUTE AND REMOTE THROMBOSIS OF RIGHT CORONARY ARTERY, ATHEROSCLEROTIC		30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I (A)		31. ADDRESS NORTHWEST COMMUNITY HOSPITAL		32. INTERVAL BETWEEN ONSET AND DEATH	
33. DATE OF OPERATION, IF ANY		34. MAJOR FINDINGS OF OPERATION		35. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		36. INTERVAL BETWEEN ONSET AND DEATH	

NOTE: If an injury was involved in this death, the Coroner must be notified.

I hereby certify that I attended the deceased from 19 58 to APRIL 10 19 63, that I last saw the deceased alive on APRIL 10 19 63, and death occurred at 11:45 P.M. from the causes and on the date stated above.

Signature: *Walter C. Trummer*
 Address: 1430 N. State Rd. Arlington Heights, Ill.
 Phone: 32350
 Date: 4/11/63
 Phone: 4-457109

DISPOSITION: BURIAL XXXXXXXXXXXXXXXX 4/15/63
 Memory Gardens Cemetery
 Arlington Heights, Illinois

GENERAL FUNERAL HOME: Center Funeral Home
 Walter C. Trummer
 Lee at Ferry
 Des Plaines, Illinois 976

COOK COUNTY DEPT. OF PUBLIC HEALTH - CHICAGO, ILL.
 JOHN B. WALL, M.D.

April 13-1963 Rose Keener

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in Item 3 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.

DATE

APR 18 1963

SIGNED

AT COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIAL TITLE: Chief Deputy Registrar
 329 South Wood Street, Chicago 12, Illinois