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93716961



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

Sandra Miller being duly sworn
states that I resides at 1752 N. Keystone in the City of
Shookie Illinois

That I was acquainted with Julian Snow Miller
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

The South 17 feet of lot 17 and all
of lot 18 in Krenn and Dato's Second Howard Street
and Crawford Avenue subdivision of the South East
part of section 27, Lot 1 in Hoffmann's subdivision
of the South East quarter of section 27, Township 41
N 1/4, Range 13 East of the Third principal meridian according
to the plat thereof recorded on May 24, 1924 as document
8435081 in Cook County Illinois, commonly known as 2522
Keystone Shookie Illinois

That the deceased died September 18, 1990, 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 \$ 200,000 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

Sandra Miller

this 7th day of September, A.D. 19 93

Cheryl Gruenwald
Notary Public

Sandra Miller
(affiant's signature)



PROPERTY CLERK NUMBER

110-27-406-097

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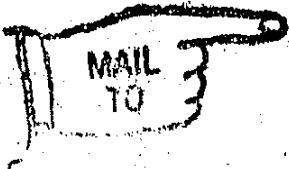
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PROPERTY INDEX NUMBERS

10	27	9106	630	11
A	BA	ICL	ACL	CL

COOK COUNTY
RECORDER
JESSE WHITE
SKOKIE OFFICE

93716961



Sandra Miller
7522 N. Key Stone
Skokie Illinois 60076

0002	
RECORDIN #	25.00
MAILINGS #	0.50
93716961 #	
TOTAL	25.50
CHECK	25.50

SEP 7 1993

2 PURC CTR
0012 MCH 10:51

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MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10 REGISTERED NUMBER 366 SEP 90

617843

SEP 20 1990

STATE OF ILLINOIS

CITY OF CHICAGO

1. DECEASED - NAME: FIRST **Julian** MIDDLE **Aaron** LAST **Miller** SEX **2 M** DATE OF DEATH (MONTH, DAY, YEAR) **3 SEPTEMBER 18, 1990**

2. COUNTY OF DEATH **COOK** DATE OF BIRTH (MONTH, DAY, YEAR) **5d June 9, 1936**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **SWEDISH COVENANT HOSPITAL**

4. AGE - LAST BIRTHDAY (MRS) **5a 54** UNDER 1 DAY **5b** HOURS **5c** MIN **5d** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) **8a Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **Sandra Drayer**

5. SOCIAL SECURITY NUMBER **338-28-1624** USUAL OCCUPATION **Truck Driver** KIND OF BUSINESS OR INDUSTRY **11b 011**

6. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) **13a 7522 Keystone** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b Skokie** COUNTY **13d COOK**

7. FATHER - NAME FIRST **Irving** MIDDLE **Miller** LAST **Miller** MOTHER - NAME FIRST **Ida** MIDDLE **Beinstein** LAST **Beinstein**

8. MARRIAGE CERTIFICATE NO. **17a Sandra Miller** RELATIONSHIP **17b Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) **17c 7522 Keystone, Skokie, Illinois 60076**

9. EDUCATION (SPECIFY ON A VOUCHER BEHIND COVER) **12** OF HISpanic ORIGIN? (SPECIFY) **14b YES** **14c NO** SPECIFY: **15**

10. DECEASED EVER IN U.S. ARMY OR NAVY? (YES/NO) **9** **16** (MAIDEN) LAST **Beinstein**

11. EMPLOYING CAUSE (Final Cause of Death Reported at Death) **18** Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying. (Each is cardiac or respiratory)

(a) Acute myocardial infarction
DUE TO OR AS A CONSEQUENCE OF

(b) Ruptured Myocardial Infarction
DUE TO OR AS A CONSEQUENCE OF

(c) Coronary Artery Thrombosis

12. CAUSE OF DEATH (IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE FIRST)

13. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BAR, D.M.G., ETC. (SPECIFY)) **20c M. 20d**

14. DATE OF INJURY (MONTH, DAY, YEAR) **20e** HOW INJURY OCCURRED (IF NATURE OF INJURY MENTIONED IN PART I OR PART B, ITEM 18) **20f**

15. LOCATION (CITY, VI. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) **20g**

16. LOCAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) **20a LOCAL** AUTOPSY (YES/NO) **19a** WHEN AUTOPSY IS AVAILABLE PERMIT TO COMPLETELY EXAMINE BODY OF DECEASED **19b**

17. THE DECEDENT WAS PROMOTED DEAD ON (LOCATION) **21a** THE DECEDENT WAS PROMOTED DEAD ON (LOCATION) **21b** DATE SIGNED (MONTH, DAY, YEAR) **21c** WITNAME WAS IN DEPT. OF HEALTH IN PAST THREE MONTHS? **20h** YES () NO ()

18. CORONER'S - MEDICAL EXAMINER'S SIGNATURE **22a** DATE SIGNED (MONTH, DAY, YEAR) **22b** CORONER'S PHYSICIAN'S NAME (Type in Print) **22c** DATE SIGNED (MONTH, DAY, YEAR) **22d**

19. CORONER'S PHYSICIAN'S NAME (Type in Print) **23a** DATE SIGNED (MONTH, DAY, YEAR) **23b**



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