



Notary Public
Carol J. Mahowald
the 12 day of November 19 93

Subscribed and sworn to before me

Roseann Boyer
Roseann Boyer

the truth of the statements herein contained.

described premises, relying on this statement as true, and in consideration thereof affiant guarantees of Cook County, Illinois, to issue a certificate of title to the surviving joint tenant, to said above Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles

has been married but once since acquiring said real estate and then to (except who the issuance of Certificate of Title Number 23692017, (except

Affiant states that the remaining joint tenant has not changed her marital status since as is confirmed by a Certificate of the health department of said municipality hereto attached.

tenancy, died intestate, in the city (Village) of Blue Island, in the State of Illinois. Affiant states that Norman P. Boyer, one of the said owners in joint

P. I. N. 31 26 211 004
Cook County, Illinois.

Lot 41 in Charles Subdivision, a subdivision of the North 338.91 of the South 677.82 feet of the West 1/2 of the North East 1/4 of Section 26; Township 35 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

described as follows: to real estate shown in Certificate of Title No. 23692017, situated in said Cook County, Illinois, and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy.

That she resides at 3537 W. 218th St. in the City of Matteson, Illinois.

duly sworn, upon oath deposes and says:

Roseann Boyer being first

DEPT-01 RECORDING \$23.50
11/11/93 TRAM 3424 11/46/93 15<07<00
\$0753 * -93-934263
COOK COUNTY RECORDER

93934263

State of Illinois }
County of Cook }
ss }

L. R. Doc. No. Certificate No.

Affidavit by Surviving Joint Tenant

Alleg. P. 11/11/93
Beverly B. L. Matteson
Beverly B. L. Matteson
Beverly B. L. Matteson
Matteson, IL 60442-2445



Structure Access # 11-8624

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AT BLUE ISLAND ILLINOIS OFFICIAL FILE, LOCAL REGISTRAR SIGNED DATE MAR 01 1993

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 STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. 126 REGISTERED NUMBER 126

DECEASED-NAME: NOELMAN P. BOYER LAST: BOYER SEX: 2 Male DATE OF DEATH: 3 February 26, 1993

CITY OF DEATH: COOK COUNTY UNDERLYING CAUSE: 5c Inpatient

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a Blue Island HOSPITAL OR OTHER INSTITUTION: 6b St. Francis Hospital

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7 Chicago, Ill MARRIED (YES/NO): 9a Married

SOCIAL SECURITY NUMBER: 10 497-05-9354 USUAL OCCUPATION: 11a Truckdriver

RESIDENCE (STREET AND NUMBER): 13a 3537 W. 218th Street CITY, TOWN, TWP. OR ROAD DISTRICT NO: 13b Matteson, Ill COUNTY: 13c Cook

FATHER-NAME: 14a Louis BOYER MOTHER-NAME: 14b Lillian SCHLIEP

INFORMANT'S NAME (TYPE OR PRINT): 15 Louis BOYER RELATIONSHIP: 16 Wife

17a Roseann Graves Boyer MAILING ADDRESS: 17c 3537 W. 218th St. Matteson, Ill.

18 PART I: Enter the statement or combination that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final Cause or condition resulting in death): (a) Cardiac vascular accident - thrombosis

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF (c) Other significant conditions contributing to death but not reporting in the underlying cause (b) or (c) PART II

DATE OF OPERATION, IF ANY: 20b Coronary artery bypass

MAJOR FINDINGS OF OPERATION: 20c Arrhythmia

20a: (100) (DONOR) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 2/25/93

21a: WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO

21b: HOURS OF DEATH: 3:30 P. M.

22a: SIGNATURE AND ADDRESS OF CERTIFIER: 22b 228-93

22c: NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: 22d 0340041838

23: ILLINOIS LICENSE NUMBER: 23b 034-011846

24a: CEMETERY OR CREMATORY-NAME: 24b Cremation LOCATION: 24c Oakland Mem. Lanes CITY OR TOWN: 24d Dolton, Illinois. STATE: 24e 3/1/93

25a: FUNERAL HOME: 25b Kerr-Parzygnot Funeral Home 540 Dixie Hwy, Chicago Heights, Ill. 60411

25c: FUNERAL DIRECTOR'S SIGNATURE: 25d [Signature]

25e: LOCAL REGISTRAR'S SIGNATURE: 25f [Signature]

26a: V-2000 (Rev. 5/89)

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