

UNOFFICIAL COPY

9/10/1991

93024617



Chicago Title Insurance Company

DECLARED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. _____

FRANCIS P. O'NEILL

states that He resides at 6119 Rte. PELASKE RD in the City of CHICAGO being duly sworn

That I was acquainted with IRMA H. RISCHAK

deceased who, at the time of his death, was one of the owners of the land in CHESTER, COOK County, Illinois, described as:

407 20, IN BLOCK 31 IN VINCENT E. GUARNO'S MURDOCKETTE PARK ADDITION, A SUB. OF THE S 1/2 OF THE N.E. 1/4 OF THE S.E. QUARTER OF SEC. 28, TOWN 38 N, RANGE 13, E. OF 3RD P M
19-22-413-040

93024617

That the deceased died OCT. 24, 1986, DEPT-11-RECORD # evidenced by \$23.50 certified copy of death certificate of the deceased attached hereto.

T#6666 TRAN 5429 01/11/93 15133100

#7429 # 44-93-024647

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.

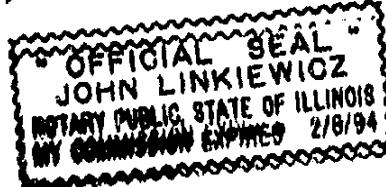
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois about

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 10,000.00 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

John Linkiewicz
John Linkiewicz
Notary Public
State of Illinois
My Commission Expires 2/8/94
JULY 10, 1991
A.D. 1993
Signature



Francis P. O'Neill
(Affiant's signature)

\$23.50

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RECORDED

Property of Cook County Clerk's Office



FRANCIS T. O'NEILL

6430 So. POLASKI RD.

CHICAGO, IL. 60629

UNOFFICIAL COPY

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

Date OCT. 25, 1985

Signed,

At Cook County Department of Public Health Official Title Chief Deputy Registrar
1500 S. Maybrook Drive, Maywood, Illinois 60153

REGISTRATION
DISTRICT NO. **16-0**
REGISTERED
NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

93824647

ITEM	FIRST NAME	MIDDLE NAME	LAST NAME	SEX	DATE OF DEATH	CAUSE OF DEATH	NAME OF DECEASED'S SPONSOR	NAME OF DECEASED'S WIFE
1. DECEASED'S GENDER OR DESCENT	IRMA	HELFR	RICHARD	2. FEMALE	1 OCTOBER 24, 1985			
2. DECEASED'S AGE	74				Sept. 24/85			
3. DECEASED'S ADDRESS	WHITE PLAINS							
4. DECEASED'S CITY, TOWN, OR ROAD DISTRICT NO.	6858 S. KELLY		AT HOME					
5. RESIDENCE STREET AND NUMBER	6858 S. KELLY		CITY, TOWN, OR ROAD DISTRICT NO.					
6. STATE OR PROVINCE	ILLINOIS		ZIP CODE CITY					
7. SOCIAL SECURITY NUMBER	U. S. A.		NAME OF BUSINESS OR TRADE					
8. FATHER'S NAME	JASPER L. LEWIS		END OF BUSINESS OR TRADE					
9. MOTHER'S NAME	SHARON FAY		NAME OF PERSON FOR WHOM SPECIAL VETERAN NO.					
10. MARRIED, DIVORCED, SEPARATED	YES		NAME					
11. CITIZENSHIP	U.S. CITIZEN		12. OTHER - Maiden Name					
13. OCCUPATION	WORKING		13. MARRIED ADDRESS					
14. DEATH WAS CAUSED BY	DEATH WAS CAUSED BY		14. ADDRESS					
15. PART:					15. DATE SIGNED			
16. DATE OF DEATH					16. DEATH CERTIFIED			
17. SIGNATURE OF CERTIFIER					17. AUTOCOPY			
18. NAME AND ADDRESS OF CERTIFIER					18. DATE			
19. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)					19. IF PRACTICING MEDICAL			
20. BURIAL CREMATION, REMOVAL OF BODY	CEMETERY OR Crematory - NAME	LOCATION	EXAMINER OR MEDICAL	HOUR OF DEATH	20. IF PRACTICING MEDICAL			
21. FUNERAL HOME	ST. MARY	CITY OR TOWN	EXAMINER OR MEDICAL	21. 1:40 AM	21. NAME OF PRACTICING MEDICAL			
22. LOCAL REGISTRAR'S SIGNATURE	WHITE PLAINS	CITY OR TOWN	EXAMINER OR MEDICAL	22. DATE SIGNED (Mo. Day, Year)	22. NAME OF PRACTICING MEDICAL			
23. REGISTRAR'S SIGNATURE					23. LICENSE NUMBER			
24. DATE ISSUED BY LOCAL REGISTRAR (Mo. Day, Year)					24. LICENSE NUMBER			
25. DATE ISSUED BY LOCAL REGISTRAR (Mo. Day, Year)					25. LICENSE NUMBER			
NOTE: IF AN ATTENDING PHYSICIAN WAS INVOLVED IN THIS DEATH THE ATTENDING PHYSICIAN MUST BE NOTIFIED.								
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Proprietary
Cook County Clerk
Office
1500 S. Maybrook Drive, Maywood, IL 60153

LOCAL REGISTRAR'S SIGNATURE: *John J. White*

REGISTRAR'S SIGNATURE: *John J. White*

REV. 200 REV. 5/82

ATTORNEY DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS

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