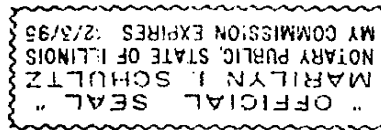


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THIS INSTRUMENT WAS PREPARED BY

0556



NOTARY PUBLIC

Subscribed and sworn to before me this 27th day of January 1993

SHIRLEY SMITH

Shirley Smith

the truth of the statements herein contained.

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

has been married but once since acquiring said real estate and then to

the issuance of Certificate of Title Number 1335831 (except who

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 Dyer in the State of Indiana

Affiant states that ALEX SMITH one of the said owners in joint

Lot Ten (10) in Block Eighteen (18), in "Calumet City" Second Addition, being a subdivision of the North West Quarter (1/4) of Section 7, Township 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois. P.T.N. 30-07-109-D10

described as follows:

to real estate shown in Certificate of Title No. 1335831 situated in said Cook County, Illinois,

and that s/he is one of the parties who took title, not in tenancy in common, but in joint tenancy,

That s/he resides at 347 Saginaw in the City of Calumet City,

duly sworn, upon oath deposes and says:

SHIRLEY SMITH being first

93167276

State of Illinois } ss. County of Cook

L. R. 12398 Doc. No. 3138642 Certificate No. 1335831

Affidavit by Surviving Joint Tenant

(FORM 302)

93167276

DEPT-11 RECORDS

14011

93167276

COOK COUNTY REC'D

UNOFFICIAL COPY

60409
Oakland City, IL
P.O. Box 1245
Darryl R. Fox



Property of Cook County Clerk's Office

93167276

93167275

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INDIANA STATE BOARD OF HEALTH

Local No. 9701-92

CERTIFICATE OF DEATH

State No. _____

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First Middle Last) Alex A. Smith		2. SEX Male	3a. TIME OF DEATH 1:15 a.m.	3b. DATE OF DEATH (Month Day Yr) December 25, 1992		
4. SOCIAL SECURITY NUMBER 312-09-7165	5a. AGE—Last Birthday (Years) 73	5b. (UNDER 1 YEAR) Months Days	5c. (UNDER 1 DAY) Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr) August 10, 1919	7. BIRTHPLACE (City and State or Foreign Country) Calumet City, Illinois	
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> St. Margaret Mercy South <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOL <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy South		9c. CITY/TOWN OR LOCATION OF DEATH Dyer	9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS Married	11. SURVIVING SPOUSE (If wife, give maiden name) Shirley Gurevitz	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Retired Salesman		12b. KIND OF BUSINESS/INDUSTRY Sears-Roebuck		
13a. RESIDENCE—STATE Illinois		13b. COUNTY Cook	13c. CITY/TOWN OR LOCATION Calumet City		13d. STREET AND NUMBER 347 Signaw	
14a. ZIP CODE 60409	14b. RESIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14c. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Yrs College (1-4 or 5+)	
18. FATHER'S NAME (First Middle Last) Sam Smith			19. MOTHER'S NAME (First Middle Maiden Surname) Sarah Kohen			
20a. INFORMANT'S NAME (Type/Print) Shirley Smith		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 347 Signaw Ave, Calumet City, Illinois		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 29, 1992 Waldheim Cemetery		21c. LOCATION—City or Town, State Chicago, Illinois		
22a. FUNERAL HOME'S NAME James Porras		22b. LICENSE NUMBER 1045964		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. NAME AND ADDRESS OF FUNERAL DIRECTOR Blair T. Burns		24b. LICENSE NUMBER (of funeral director) 8802753		24c. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Ave Munster, Indiana 46321		
25. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonfatal conditions such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (most direct cause of death) Congestive heart failure 93167276 DUE TO (OR AS A CONSEQUENCE OF)						
CONDITIONS WHICH CONTRIBUTE TO THE IMMEDIATE CAUSE (list all) 93167276 DUE TO (OR AS A CONSEQUENCE OF)						
OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not previously stated in Part I) 93167276 DUE TO (OR AS A CONSEQUENCE OF)						
26a. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to death but not previously stated in Part I)		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and therefore is stated.		29a. SIGNATURE AND TITLE OF CERTIFIER A. Stemeris		29b. MEDICAL LICENSE NO. 01025591	29c. DATE SIGNED (Month Day Year) December 28, 1992	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) Dr. A. Stemeris, 761-45th, Munster, Indiana 46321						
31. HEALTH OFFICER'S SIGNATURE Abraham Williams MD						31a. DATE FILED (Month Day Year) December 29, 1992
32. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined		33a. DATE OF INJURY (Month Day Year)	33b. TIME OF INJURY	33c. INJURY AT WORK? (Yes or no)	33d. DESCRIBE HOW INJURY OCCURRED	
		34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34b. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
35. DATE PRONOUNCED DEAD (Month Day Year)		36. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.				

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