

# UNOFFICIAL COPY



## Chicago Title Insurance Company

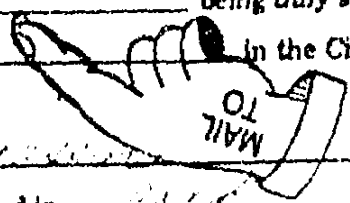
94429820

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

Order No. \_\_\_\_\_

Judith A. Brice being duly sworn  
states that she resides at 9355 S 53rd in the City of  
Palmer, Illinois 60453



That she was acquainted with Judith A. Brice  
deceased who, at the time of her death, was one of the owners of the land in  
County, Illinois, described as: Plat: 24-09-114-019

*lots 3, 4 and 5 in Block 1 in Palmer, Illinois, subdivision  
of that part of the west half of the northeast quarter  
north of 53rd St. Lucas and Maple Streets, east  
east 8 feet of lot 6 and except all lots 7, 8, 9, 10, 25, 26, 27, 28  
and 29 on block 4 and all of block 11 in Township 24 South  
Subdivision of the Northwest quarter and the west 20 feet of  
the northwest quarter of Section 9 Township 24 South  
Range 13 East of the Third Principal Meridian in Cook County*

That the deceased died April 27, 1994, 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 \$360,000.00 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  
Brice  
this 9th day of May, A.D. 19 94  
Judith A. Brice  
Notary Public



Judith A. Brice  
(affiant's signature)

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Property of Cook County Clerk's Office

COOK COUNTY  
JAN 10 1994  
BIBLIOTHECA

02852016

RECORDING	23.00
MAIL	0.30
SUBTOTAL	23.30
CHEQ	23.30

05/03/94

3 PURC CTR  
0111 MON 10:03

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0  
 REGISTERED NUMBER

DECEASED: NAME FIRST MIDDLE LAST  
 1. COUNTY OF DEATH MONTH DAY YEAR  
 2. MALE 3 APRIL 27, 1994  
 4. COOK  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
 OAK LAWN  
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  
 Chicago Illinois  
 MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)  
 Widowed  
 SOCIAL SECURITY NUMBER  
 336-01-7646  
 RESIDENCE (STREET AND NUMBER)  
 5411 Edison Street  
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.  
 Oak Lawn 130  
 COUNTY  
 Cook 131  
 STATE  
 Illinois 134  
 FATHER'S NAME FIRST MIDDLE LAST  
 William Erickson  
 INFORMANT'S NAME (TYPE OR PRINT)  
 Judith Capriani  
 RELATIONSHIP  
 DR  
 MAILING ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN STATE ZIP  
 9325 S. 53rd Ct., Oak Lawn, IL 60455  
 18. PART I  
 Immediate Cause (Final diagnosis or condition resulting in death)  
 (a) DUE TO OR AS A COMPLICATION OF  
 (b) DUE TO OR AS A CONSEQUENCE OF  
 (c)  
 Conditions if any which give rise to immediate cause (a) stating the underlying cause last  
 (a) Cardio-pulmonary Arrest.  
 (b) CA  
 (c) COPD.  
 PART II: Other significant conditions contributing to the death, including the underlying condition (if any)  
 DATE OF OPERATION IF ANY  
 MAJOR FINDINGS OF OPERATION  
 208  
 DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON  
 4/29/94  
 218  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED  
 22a SIGNATURE  
 (TYPE OR PRINT)  
 WIN VINN, M.D. 10441 SOUTHWEST KEOZIE AVE, EVERGREEN PK., IL.  
 22c  
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)  
 23a  
 FUNERAL CREMATION (CHECK ONE)  
 BURIAL  
 24b ST. MARY CEMETERY  
 STREET AND NUMBER OR P.O. BOX  
 24c THOMPSON & KIENSTER FUNERAL HOME - 5570 WEST 95TH ST., OAK LAWN, ILLINOIS 60455  
 25a  
 25b  
 25c  
 25d  
 25e  
 25f  
 25g  
 25h  
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 25v  
 25w  
 25x  
 25y  
 25z

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 May 2, 1994  
 Signed \_\_\_\_\_  
 At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

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