

This instrument was prepared by: John F. Sager
3344 Ridge Road
Lansing, IL 60438

MAIL TO: _____

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF Illinois
COUNTY OF Cook } ss.

Order No. _____

HAROLD C. HOLCK being duly sworn
states that he resides at 3428 - 171st Street in the City of
Lansing.

That he was acquainted with Ruth E. Holck
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

LOT EIGHTY EIGHT IN FIRST ADDITION TO WENTWORTH ESTATES, BEING A SUBDIVISION
OF PART OF THE EAST HALF OF THE NORTHWEST QUARTER LYING SOUTH AND WEST OF
THE LITTLE CALUMET RIVER OF FRACTIONAL SECTION 29, TOWNSHIP 36 NORTH, RANGE
13 EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO PLAT THEREOF REGISTERED
IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY ILLINOIS ON FEBRUARY
19, 1965 AS DOCUMENT NO. 2246156

DEPT-01 RECORDING \$23.50
7#0012 TRAN 3284 06/07/94 15:23:00
#2911 # SK #-94-504560
COOK COUNTY RECORDER

P.I.N. 30-29-125-003-0000
Address of Property: 3428 E. 171st. Street, Lansing, IL 60438

That the deceased died 9/7/93, 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 COOK County, Illinois about 9/27/93

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 Fifty Thousand and 00/100 (\$50,000.00) dollars.

See No Est. Tax Due Affidavit attached hereto and incorporated herein by reference.
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

HAROLD C. HOLCK

94504560

this 27 day of May, A.D. 19 94

Judith A. Pube
JUDICIAL CLERK / NOTARY PUBLIC
LAKE COUNTY, INDIANA
MY COMMISSION EXPIRES 2/18/95

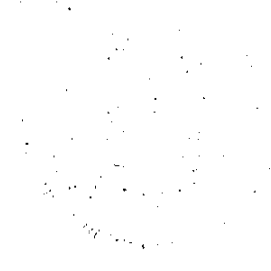
Harold C. Holck
(affiant's signature)

2320
K9

UNOFFICIAL COPY

Property of Cook County Clerk's Office

11/11/11



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INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2142-93

CERTIFICATE OF DEATH

State No.

THIS RECORD IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK	1 DECEASED—NAME (First Middle Last) RUTH E. HOLCK		2 SEX FEMALE	3a TIME OF DEATH 6:27 A.M.	3b DATE OF DEATH (Month Day, Yr) SEPTEMBER 7, 1993
	4 SOCIAL SECURITY NUMBER 361-14-3089	5a AGE—Last Birthday (Years) 67	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) January 6, 1926
DECEDENT	8a WAR DECEDENT A US VETERAN? No	8b YEAR LAST SERVED IN US ARMED FORCES? NA	9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> PFD/Dayroom <input type="checkbox"/> NOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence		
	9b FACILITY NAME (If not mentioned, give street and number) THE COMMUNITY HOSPITAL		9c CITY/TOWN OR LOCATION OF DEATH MUNSTER	9d COUNTY OF DEATH LAKE	
PARENTS	10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Harold Holck	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY Own Home	
	13a RESIDENCE—STATE Illinois	13b COUNTY Cook	13c CITY/TOWN OR LOCATION Lansing,	13d STREET AND NUMBER 3428-171st St.	
	12a ZIP CODE 60438	12b ZIP CODE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) White
INFORMANT	18 FATHER'S NAME (First Middle Last) C. Arthur Carlson		19 MOTHER'S NAME (First Middle Maiden Surname) Eiva Peterson		
	20a INFORMANT'S NAME (Type/Print) Harold Holck		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3428 171st St. Lansing, Il. 60438	20c Relationship Son	
DISPOSITION	21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) September 9, 1993 Oakland Memory Lanes		21c LOCATION—City or Town, State Dolton, Illinois
	22a EMERALDER'S NAME None		22b EMERALDER'S LICENSE NO. NA	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
CAUSE OF DEATH	24a SIGNATURE OF FUNERAL DIRECTOR		24b LICENSE NUMBER (List on back) FD01012769	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME C. J. Huber, 722-165th St, Hammond, In. 46320 FDH3602851 for Schroeder	
	26 I HEREBY CERTIFY THAT THE ABOVE IS TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH. I HAVE FILED THIS COPY OF THIS CERTIFICATE WITH THE COUNTY HEALTH DEPT.				
	IMMEDIATE CAUSE (Final disease or condition resulting in death) 08 1993		27a massive cerebral infarction, right DUE TO IOR AS A CONSEQUENCE OF 27b acute myocardial infarction DUE TO IOR AS A CONSEQUENCE OF 27c coronary artery disease DUE TO IOR AS A CONSEQUENCE OF		
28a CERTIFIER (Check only one) <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 manner as stated.		29 SIGNATURE AND TITLE OF CERTIFIER Wan Shick, MD		29a MEDICAL LICENSE NO. 31576	29b DATE SIGNED (Month, Day, Year) SEPTEMBER 8 1993
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DR. WON-SHICK LOH, M. D., 9134 COLUMBIA AVENUE, MUNSTER, INDIANA 46321					
31 HEALTH OFFICER'S SIGNATURE Alexander S. Williams, MD					32 DATE FILED (Month, Day, Year) Sept. 8, 1993
HEALTH OFFICER	33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)
	34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)			34e LOCATION (Street and Number or Rural Route Number, City or Town, State)	
	34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

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