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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

94562518

ASAP Program

Patricia A. Schmidt, being duly sworn upon her oath states that she resides at 703 East Appletree, Arlington Heights, Illinois 60004.

That she is familiar with the heirship of John J. Schmidt, deceased who at the time of his death was one of the owners of the following described real estate:

Legal Description on Reverse Hereof

.R DEPT-01 RECORDING \$25.50
. T#0011 TRAN 2667 06/28/94 12:12:00
. #0271 SJ *-94-562518
. COOK COUNTY RECORDER

Commonly known as 703 East Appletree, Arlington Heights, Illinois 60004

. DEPT-01 RECORDING \$25.50
. T#0011 TRAN 2667 06/28/94 12:12:00
. #0271 SJ *-94-562518
. COOK COUNTY RECORDER

P.T.I.N. 03-17-207-005

That the deceased died January 7, 1992 at Arlington Heights, Illinois as evidenced by the certified copy of the death certificate attached hereto.

That the deceased was survived by Patricia A. Schmidt, his wife.

That no estate taxes were or are due as a result of the death of John J. Schmidt.

Affiant makes this affidavit for the purpose of inducing Attorneys' National Title Network, Inc. to issue it's title policy, describing the above mentioned property.

Patricia A. Schmidt
Patricia A. Schmidt

SUBSCRIBED AND SWORN TO BEFORE
me this 21st day of June, 1994

[Signature]
Notary Public

This Instrument Prepared by: and read To.
Stephen R. Murray
555 East Golf Road
Arlington Heights, Illinois 60005



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LOT 226 IN IVY HILL SUBDIVISION UNIT 8 BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF THE NORTH EAST 1/4 OF SECTION 17, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN IN THE VILLAGE OF ARLINGTON HEIGHTS, WHEELING TOWNSHIP, COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

91562518

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO 14.0

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST JOHN J. SCHMIDT SEX MALE DATE OF DEATH MONTH DAY YEAR JANUARY 7, 1992

COUNTY OF DEATH COOK UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN DATE OF BIRTH MONTH DAY YEAR JULY 21, 1931

CITY TOWN TWP OR ROAD DISTRICT NUMBER ARLINGTON HEIGHTS DISTRICT NUMBER 66 NORTHWEST COMMUNITY HOSPITAL HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER GIVE STREET AND NUMBER

BIRTHPLACE (CITY AND STATE OR COUNTRY) TOLEDO OHIO MARRIED NEVER MARRIED MARRIED (SPECIFY) MARRIED

SOCIAL SECURITY NUMBER 270-28-4646 USUAL OCCUPATION 11B SELF EMPLOYED

RESIDENCE (STREET AND NUMBER) 703 E. APPLE TREE LANE ARLINGTON HEIGHTS ILLINOIS 130 ZIP CODE 60004 RACE WHITE BLACK AMERICAN 14L White

FATHER-NAME FIRST MIDDLE LAST AUGUST M. SCHMIDT RELATIONSHIP 17B WIFE MOTHER-NAME FIRST MIDDLE HELEN (MAYDEN) LAST MC NEIL

INFORMANT'S NAME (TYPE OR PRINT) PATRICIA A. SCHMIDT MAILING ADDRESS 17203 E. APPLE TREE LANE ARLINGTON HEIGHTS ILLINOIS 60004

18. PART I. Immediate Cause (find cause or condition resulting in death) (a) Laryngeal Carcinoma; Squamous cell carcinoma lung (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF OF STATING THE UNDERLYING CAUSE LAST.

19. OTHER CAUSES (Find causes or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.)

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 9:55 62518

21. (1) DID NOT ATTEND THE DECEASED AND LAST-BORN WAS ALIVE ON NOVEMBER 19, 1991 (2) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED

22. SIGNATURE Dale Foster M.D. HOWARD MANGURTEN, M.D. NAME AND ADDRESS OF CERTIFIER 1000 Grand Canyon, Hoffman Estate, Illinois 850 West Esterfield Road Elk Grove Village, Illinois 60007

23. BUREAU OF VITAL RECORDS (CITY OR TOWN) ARLINGTON HEIGHTS (STATE) ILLINOIS (FURNISH LICENSE NUMBER) 36-065852

24. BURIAL (SPECIFY) ALL SAINTS CEMETERY OR CREMATORY-NAME ALL SAINTS (CITY OR TOWN) ARLINGTON HEIGHTS (STATE) ILLINOIS (FURNISH LICENSE NUMBER) 10029

25. FUNERAL HOME (STREET AND NUMBER OR P.O. BOX) ALL SAINTS 242 ARLINGTON HEIGHTS, ILLINOIS (CITY OR TOWN) ARLINGTON HEIGHTS, ILLINOIS (FURNISH LICENSE NUMBER) 60004

26. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D. REGISTRAR (NAME) SCOTT, M.D. (DATE) JAN. 10, 1992 (CITY OR TOWN) ARLINGTON HEIGHTS, ILLINOIS (FURNISH LICENSE NUMBER)

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I HEREBY CERTIFY THAT the foregoing is 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, marriages and deaths.

JAN 09 1992

SIGNED *Dale Foster*

Official Title Deputy Registrar
 1300 N. Maybrook Drive • Maywood, Illinois 60154

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