

# UNOFFICIAL COPY

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## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook

ORDER NO. 175480  
DATE: 07/29/94

Shirley Cundiff, hereinafter referred to as the affiant deposes and states that the affiant resides at 9431 Schiller Blvd. in the City of Franklin Park

That the decedent at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

LOTS 3 AND 4 IN BLOCK 13 IN FRANKLIN PARK, A SUBDIVISION IN THE WEST HALF OF THE NORTH WEST QUARTER OF SECTION 27, TOWNSHIP 40 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

12-27-115-008

REI TITLE SERVICES # 82-1653-11  
(56339)



LEYDEN CREDIT UNION  
917 W GRAND AVE  
FRANKLIN PARK, IL, 60131

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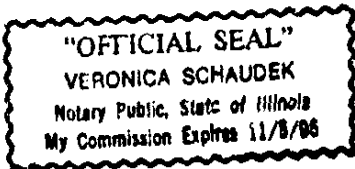
DEPT-01 RECORDING 123.50  
TRAN 5154 08/18/94 09:31:00  
42331 + DW \*-94-731127  
COOK COUNTY RECORDER

That said decedent died on April 9, 1994 leaving no last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 150,000.00;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce REI Title Guaranty to issue a Policy of Title Insurance on the above described property.



Signature Shirley Cundiff

SUBSCRIBED AND SWORN TO before me this 15 day of AUG, 1994, a Notary Public in and for said State and County.

Veronica Schaudek

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

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DuPage County Health Department

REGISTRATION DISTRICT NO 320  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)  
1. GLENN J CUNDIFF MALE APRIL 9, 1994

COUNTY OF DEATH AGE LAST BIRTHDAY (YEAR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)  
2. DuPage 58 70 59 03-18-1924

CITY, TOWN, TWP OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER ONE STREET AND NUMBER IN HOSP OR INST INDICATE DDA OPERATOR AND DEPARTMENT (SPECIFY)  
3a. ELMHURST 3b. ELMHURST HOSPITAL 3c. INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE) WAS IN CARE (CIVIL OR MIL) AND IDENTIFY (IF ANY)  
4. Oak Park, IL 5a. MARRIED 5b. SHALEY, Michel 5c. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIALTY OR INDUSTRY COMPLETION) (Temporary Secondary to 12)  
10. 326-16-8740 11a. MAINT. ENGR. 11c. SCHOOL 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. HOME CITY (VILLAGE) COUNTY  
13a. 9431 Schiller Blvd 13b. Franklwn Park 13c. YES 13d. Cook

STATE ZIP CODE RACE (WHITE BLACK AMERICAN INDIAN OR SPECIFY) OF HISPANIC ORIGIN? (SPECIFY YES OR NO) YES SPECIFY CUBAN MEXICAN PORTUGUESE OR  
13a. IL 13b. 60121 14a. WHITE 14b. NO 14c. YES SPECIFY

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MARRIED) LAST  
15. WALLACE J CUNDIFF 16. ANNA GOSCH

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR P.O. BOX CITY TOWN STATE ZIP)  
17a. RECORDS 17c.

18 PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause for each line. (Immediately list all other causes of death on the reverse side of this page.)  
(a) Congestive Heart Failure  
DUE TO, OR AS A CONSEQUENCE OF  
(b) Cardiac arrest  
DUE TO, OR AS A CONSEQUENCE OF  
(c) Aortic valve insufficiency

PART II. Other significant pathology contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES OR NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES OR NO)  
19a. NO 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
20a. 20b. 20c. YES  NO

WHO (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER'S MEDICAL EXAMINER NOTIFIED (YES OR NO) HOUR OF DEATH  
21a. 04-06-94 21b. NO 21c. 6:03 PM M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH DAY YEAR)  
22a. SIGNATURE Daniel Skarynski 22b. 4/11/94

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER  
22c. DANIEL SKARYNSKI, MD 172 SCHILLER ELMHURST, IL. 60126 22d. 36-74294

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN AMBULANCE OR OTHER VEHICLE INVOLVED IN THIS DEATH THE LOCAL AEMT OR MEDICAL EXAMINER MUST BE NOTIFIED.  
23.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)  
24a. BURIAL 24b. MT. EMBLEM 24c. ELMHURST IL. 24d. April 12, 1994

FUNERAL HOME NAME STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE  
25a. SAX-TIEDEMANN F.H. 9568 BELMONT AVE Franklwn Park IL 60131

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
25b. [Signature] 25c. 034-10088

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)  
26a. Kevin M. Sherin MD 26b. APR 11 1994

VR200 (Rev. 5/80) Illinois Department of Public Health—Division of Vital Records (BASED ON 1988 U.S. STANDARD CERTIFICATE)

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Kevin M. Sherin, M.D.  
Local Registrar

Not valid without the embossed seal of DuPage County Health Department  
111 North County Farm Road Wheaton, Illinois 60187

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