

UNOFFICIAL COPY



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

Order No. S9415267

Lois E. Naser

being duly sworn

states that she resides at 17713 South Harlem Avenue in the City of Tinley Park, IL 60477

That she was acquainted with Elma L. Naser

deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Unit 15 in Barrett Brothers Courtyard Estates Number 3, as delineated on the survey of certain lots or parts thereof in Barrett Brothers 4th Addition to Tinley Park, being a subdivision of part of Lot 6 in Circuit Court Partition of Section 31, Township 30 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 28-31-114-043-1015

DEPT-91 RECORDING \$25.50  
 T#8888 TRAN 1053 08/26/94 11.03.00  
 #3574 # JB # 94-756961  
 DEPT-91 RECORDING \$25.50  
 COOK COUNTY RECORDER  
 T#8888 TRAN 1057 08/26/94 11.18.00  
 #3583 # JB # 94-756961  
 COOK COUNTY RECORDER

That the deceased died February 2, 1992, 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 TEN THOUSAND and NO/100--(\$10,000.00) 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

LOIS E. NASER

this 16<sup>th</sup> day of August, A.D. 19 94

[Signature]  
Notary Public

"OFFICIAL SEAL"  
 JOYCE R. LIETZ  
 Notary Public, State of Illinois  
 My Commission Expires 8-1-95

Lois E. Naser  
(affiant's signature)

25<sup>50</sup>  
88

94056961

UNOFFICIAL COPY

Property of Cook County Clerk's Office

94756961

UNOFFICIAL COPY

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1691 REGISTERED NUMBER 63

DECEASED-NAME FIRST MIDDLE LAST AGE-LAST BIRTH-DAY (MYS) DATE OF BIRTH DATE OF DEATH SEX MONTH DAY YEAR

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN ENTRY GIVE STREET AND NUMBER

BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 353-16-7889 11b. HOMEMAKER 11c. NO VZ 12. 12 13c. YES 13d. COOK

13a. 17713 S HARLEM AVE 13b. TINGLEY PARK 14a. WHITE 14b. WIDOWED 14c. YES 14d. NO

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

15. JOSEPH SCHMIDT 16. WILHOMINA ROMSON

17a. LOIS NASER 17b. DAUGHTER 17c. 17713 S HARLEM AVE TINGLEY PARK IL 60477

18: PART I. Enter the disease, injury, or complication that caused the death. (Do not enter the mode of death, such as cardiac respiratory arrest, shock, or trauma, unless it is the cause of death.)

(a) ALTEP (tissue plasminogen activator) disease (b) DUE TO, OR AS A CONSEQUENCE OF

19. 94756961

20a. DATE OF INJURY (MONTH, DAY, YEAR) 20b. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)

20c. 200 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

21. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

22a. MEDICAL EXAMINER'S SIGNATURE 22b. CORONER'S PHYSICIAN'S SIGNATURE

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. CEMETERY OR CREMATORY-NAME 23c. LOCATION 23d. CITY OR TOWN 23e. STATE 23f. DATE (MONTH, DAY, YEAR)

24a. CREMATION 24b. MT HOPE 24c. CHICAGO ILLINOIS 24d. FEB 4 1992

25a. FUNERAL DIRECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE

25c. JOHN G SCHULTZ 25d. JOHN G SCHULTZ 25e. 11049 25f. FEB 3 1992

26a. I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED 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 STILLBIRTHS, BIRTHS AND DEATHS.

SIGNED: LOCAL REGISTRAR SIGNED: DEPUTY REGISTRAR, AT TINGLEY PARK, ILLINOIS

DATED: FEB 3 1992

DISPOSITION

27. (BASED ON 1989 U.S. STANDARD CERTIFICATE)

28. (BASED ON 1989 U.S. STANDARD CERTIFICATE)

29. (BASED ON 1989 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

94756961

PROCESSED

Property of Cook County Clerk's Office

Summit, IL 60501

7549 W. 63rd St

ARGO

Harris Bank

