

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS)
COUNTY OF Cook) SS

DATE:

COMMITMENT NO:

Ozie Lee Arnold, being first duly sworn, for the purpose of inducing First American Title Insurance Company to issue its' title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 431 53rd Ave Bellwood, IL 60104
2. That he/she was acquainted with Lewis Arnold who died on July 13, 1979, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment. 10-18-74 14:37
RECORDING 23.00
94903489
4. That said decedent died:
 leaving no last will and testament
 leaving a last will and testament, a copy of which is attached.
6. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ _____.

Subscribed and sworn to before me this 6th day of September 1987.

Ozie Lee Arnold
Affiant's Signature

[Signature]
Notary Public



COOK COUNTY
RECORDER
JESSE WHITE
ROLLING MEADOWS



First American Title Insurance Company

Lot 35 in Block 13 in the subdivision of the south half of Section 10, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

UNOFFICIAL COPY

MAIL TO

JOEL S. ALPERT
47 S. MILWAUKEE
WHEELING ILL 60090



Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
JAN 10 1991
JAN 10 1991
JAN 10 1991

COOK COUNTY CLERK'S OFFICE

UNOFFICIAL COPY

SIGNED: *Robert J. Ottens* Deputy Registrar, at Oak Forest, Illinois 60452

DATED: JUL 18 1979 SIGNED: *Robert J. Ottens* Local Registrar

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, deaths and burials.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

94903489

REGISTRATION NO. 16.91
DISTRICT NO. 539
REGISTERED NUMBER

DECEASED NAME: LEWIS ARNOLD SEX: MALE DATE OF DEATH: JULY 13, 1979

AGE: 59 RACE: AMERICAN HOSPITAL OR OTHER INSTITUTION: OAK FOREST HOSPITAL
CITY: BREMEN TOWNSHIP STATE: ILLINOIS COUNTY: COOK

7a. STATE OF BIRTH: MISSISSIPPI CITIZEN OF WHAT COUNTRY: U.S.A.
8. SOCIAL SECURITY NUMBER: 414-26-9968 LABOR OCCUPATION: General
12. RESIDENCE STREET AND NUMBER: 4330 WEST MAYPOLE CHICAGO ILLINOIS

13a. FATHER - NAME: BUFFORD ARNOLD MARRIED: YES
13b. MOTHER - NAME: ISABEL Not Available

15. INFORMANT'S SIGNATURE: *Isabel Arnold* RELATIONSHIP: WIFE
17a. DEATH RECORDS: 17b. RECORDS: 17c. 15900 SOUTH CIGERO, OAK FOREST, ILLINOIS

18. DEATH WAS CAUSED BY: (a) ACUTE CARDIORESPIRATORY FAILURE
PART I: IMMEDIATE CAUSE: (b) DUE TO OR AS A CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF:

19. CONDITIONS, IS ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE IN STARTING THE UNDERLYING CAUSE LAST:
20a. DATE OF OPERATION: 20b. MADE OF OPERATION: 20c. MADE OF OPERATION:

21a. DECEASED TIME: 21b. DECEASED DATE: 21c. DECEASED YEAR: 21d. DECEASED MONTH: 21e. DECEASED DAY:
21f. DECEASED HOUR: 21g. DECEASED MINUTE: 21h. DECEASED SECOND:

22a. NAME AND ADDRESS OF PHYSICIAN: 22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIED:

23. FUNERAL CREATION: 24a. NAME: 24b. STREET: 24c. CITY/TOWN: 24d. STATE: 24e. ZIP:

25. Funeral Home: 26. Local Registrar: 27. Date Recd by Local Registrar: 28. Date of Burial:

29. Local Registrar Signature: 30. Date Recd by Local Registrar: 31. Date of Burial: 32. Date of Registration: