



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

BERTHA BLOCK being duly sworn
states that she resides at 222 Millbrook Lane, in the City of
Wilmette, Illinois

That she was acquainted with ARTHUR BLOCK
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as

Lot 13 in Miller Builders Wishire Estates Unit No. 1, in the
Subdivision of part of the South East quarter of Section 31,
Township 42 North, Range 13 East of the Third Principal Meridian
in Cook County, Illinois. 05-31-423-003

DEPT-01 RECORDING \$23.50
T40012 TRAN 7191 03/29/94 09:26:00
#2009 & SK *-94-279044
COOK COUNTY RECORDER

That the deceased died Dec. 18, 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 _____

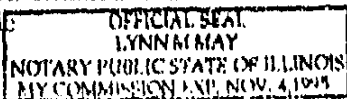
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of THREE HUNDRED THOUSAND (\$300,000.00) dollars.

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

BERTHA BLOCK

the 13 day of March, A.D. 1994
Lynn M. May
Notary Public



Richard Block
(affiant's signature)

2350

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Property of Cook County Clerk's Office

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DECEASED'S BIRTH NO. REGISTRATION DISTRICT NO. 160223 STATE OF ILLINOIS STATE FILE NUMBER

REGISTERED NUMBER 160407 **MEDICAL CERTIFICATE OF DEATH**

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 ARTHUR BLOCK # MALE 9. DECEMBER 18, 1991

4. COUNTY OF DEATH AGE-LAST BIRTHDAY (YEAR) UNDERLYING YEAR UNDERLYING DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 COOK 5a. 73 5b. 5c. 5d. MARCH 31, 1918

6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. H' HOSP. OR HWT. INDICATE D.O.A. OR FEMER. (M, I, P) (SPECIFY) ADMITTED FOR BY (YES/NO)
 EVANSTON EVANSTON HOSPITAL INPATIENT

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARRIEN NAME, IF WIFE) WAS DECEASED BY (YES/NO) ADMITTED FOR BY (YES/NO)
 CHICAGO ILLINOIS 9a. MARRIED 9b. BERTHA GOLDSAND 9. YES

10. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECFY DAY, HIGHER OR ADV. COMPLETED) (Elementary Secondary (0-12) College (1-4 or B.S.))
 10. 352-03-6687 11a. REALTOR 11b. REAL ESTATE 12. ?

13a. RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. VISIBLE CITY (IF RURAL) COUNTY
 222 MILLBROOK LN. WILMETTE 13b. YES 13c. COOK

13a. STATE 13b. ZIP CODE 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) 14b. (X) NO () YES SPECIFY:
 ILLINOIS 60091 WHITE 14b. (X) NO () YES SPECIFY:

15. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MARRIEN) LAST
 HERMAN BLOCK MARGARET SHEFNER

17a. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND CITY OR P.O. BOX, COUNTY, STATE, ZIP)
 BERTHA BLOCK 17b. SPOUSE 222 MILLBROOK LN WILMETTE ILLINOIS 60091

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 on each line. APPROPRIATE INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE

Immediate Cause (Final disease or condition resulting in death) (a) Chronic Obstructive Pulmonary Disease
 DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. State significant conditions contributing to death but not resulting in the underlying cause given in PART I. Cor Pulmonale

19a. AUTHORITY (YES/NO) 19b. WERE AUTHORITY PROVIDED A RELEASE FROM TO COMPLETE THIS CAUSE OF DEATH? (YES/NO)
 YES NO YES NO

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

21a. (DO) (DO NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
 12-18-91 21b. YES NO 21c. 10:28 P.M.

22a. SIGNATURE 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)
 Edward A. Blumen, M.D. 12-19-91

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) EDWARD A. BLUMEN M.D. ILLINOIS LICENSE NUMBER
 500 DAVIS, Evanston, Illinois 60076 22d. 003-036-049397-1

22c. NAME OF ATTENDING PHYSICIAN OR OTHER THAN CERTIFIER (TYPE OR PRINT) 22d. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER 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. SHALOM MEMORIAL PARK 24c. PALATINE ILLINOIS 24d. DECEMBER 20 1991

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 WEINSTEIN BROTHERS 111 SKOKIE BLVD. WILMETTE ILLINOIS 60091

25b. FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 Mark J. Weinstein (Mark J. Weinstein) 014603
 C. Lucia Brown 28b. December 20, 1991

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JANUARY 13, 1994 SIGNED C. Lucia Brown
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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