

UNOFFICIAL COPY

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Chicago Title Insurance Company

94360369

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

ss.

Order No.

Marguerite Langeland

being duly sworn

states that she resides at 16300 Louis Avenue
South Holland



in the City of

That she was acquainted with and the wife of Albert Langeland

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

The West 100 feet of Lot 2 in the subdivision of Block 22 in Atwoods Addition to
Washington Heights being a subdivision of the North 100 acres of the South West
quarter and the North 50 acres of the West half of the South East quarter of Section
23, Township 37 North, Range 13 East of the Third Principal Meridian, in Cook
County, Illinois

24-23-315-007
3651 W. 116th Place

Decker, Nones, Ill. 60655

DEPT-01 RECORDING \$23.50
T47777 TRAN 9509 04/21/94 13:59:00
46991 DW *-94-360369
COOK COUNTY RECORDER

That the deceased died October 23, 1992, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

94360369

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 No inheritance tax due 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

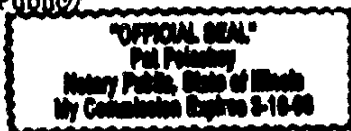
Marguerite Langeland

this 16th day of March, A.D. 19 94

Pat Polaskey
Notary Public

Marguerite Langeland
(affiant's signature)

23 50 pp



UNOFFICIAL COPY

Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE
PROPERTY OF COOK COUNTY CLERK'S OFFICE
NO. 212 W. JACKSON ST. CHICAGO, ILL. 60604

UNOFFICIAL COPY

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 statues relating to the registration of births, stillbirths and deaths.

Date October 27, 1992

Signed *Solita Maxwell*

At Cook County Department of Public Health Official Title Chief Deputy Registrar 1010 Lake Street, Oak Park, Illinois 60301

94360369

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER

DECEASED-NAME Albert FIRST MIDDLE LAST SEX Male DATE OF DEATH (MONTH DAY YEAR) October 23, 1992

COUNTY OF DEATH Cook CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 11b. Son UNDER 1 YEAR 2 MONTHS 0 DAYS DATE OF BIRTH (MONTH DAY YEAR) June 11, 1909

6a. Oak Lawn 6b. Christ Hospital & Medical Center 6c. Inner Rm.
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

7. Chicago, IL 7a. Married 7b. Marguerite Boersma 7c. No
SOCIAL SECURITY NUMBER USUAL OCCUPATION NAME OF SURVIVING SPOUSE (M, WED, NAME F, WIFE) WAS DECEASED EVER IN US ARMY OR NAVY (YES/NO)

10. 335-05-8906 11a. Self-employed 11b. Landscaping 12. 8 13. Yes 14. Cook
RESIDENCE (STREET AND NUMBER) KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Elementary, Secondary 10-12, College 1-4 or 5-1) INSIDE CITY (YES/NO) COUNTY

19a. Illinois 19b. White 19c. White 19d. Boersma
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) HISPANIC ORIGIN? (SPECIFY) NO DATE-IF YES SPECIFY (CUBAN, MEXICAN, PIERO, ETC.) (M, F)

15. John 16. Nellie 17. Boersma
FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (M, F)

17a. Donald Langeland 17b. 11b. Son 17c. 175424 W. 129th Pl. Crestwood, IL 60445
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE ZIP)

18. Chloroform
IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION) (Enter the disease, or complications of it, causing 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.)
(a) DUE TO, OR AS CONSEQUENCE OF (b) DUE TO, OR AS CONSEQUENCE OF (c) DUE TO, OR AS CONSEQUENCE OF

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION
20c. AUTOPSY (YES/NO) 19a. NO 19b. YES
20d. FEMALE: WAS THERE A PRECIPITANT PAST THREE MONTHS? YES [] NO []

21a. (10) (10) MONTHS AFTER DECEASED (MONTH DAY YEAR) 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES
21c. HOUR OF DEATH 9:25 PM M.
21d. DATE SIGNED (MONTH DAY YEAR) 10-24-92

22a. SIGNATURE Beno Sirkand M.D. (TYPE OR PRINT)
22b. ALIEN LICENSE NUMBER 036-091569

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)
23a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 23b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

24a. Burial 24b. Chapel Hill Gardens Sq24c. Worth 24d. Illinois
BURIAL CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE
24e. Colonial Chapel 24f. 15525 S. 73rd Ave. Orland Park, Illinois 24g. 60462
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. Karen L. Scott, M.D. 25b. 34-014329
LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) REGISTRAR'S LICENSE NUMBER

25c. October 27, 1992
DATE OF REGISTRATION (MONTH DAY YEAR)

25d. Illinois
STATE

25e. Illinois
STATE

25f. Illinois
STATE

25g. Illinois
STATE