

REI REAL ESTATE INDEX

1870 HUDCA AVENUE
EVANSTON, IL 60201-3640
TEL 864 9000 FAX 708 864 9715



DECEASED JOINT TENANCY AFFIDAVIT

Commitment Number: _____

95489059

Date: July 6, 1995

STATE OF ILLINOIS)
) 5
COUNTY OF Cook)

DEPT-01 RECORDING \$25.50
T#0001 TRAM 9033 07/27/95 09:45:00
#0227 CG *--95-489059
COOK COUNTY RECORDER
DEPT-10 PENALTY \$22.00

Ernest K. Sanders, being duly sworn states that he resides at 9327 S. May in the City of Chicago.

That he was acquainted with Lola Sanders deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

SEE EXHIBIT "A"

Property Address: 9327 S. May, Chicago, IL 60620

PIN: 25-05-414-014

That the deceased died May 22, 1995, 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 _____

RECORD SERVICES # 251032 R7-101811 2 of 3

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 decedent, does not exceed the sum of \$50,000 dollars.

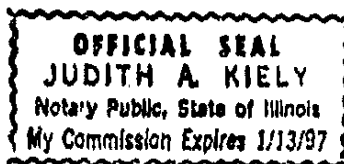
Affiant makes this affidavit for that purpose of inducing REAL ESTATE INDEX, INC., an agent for Chicago Title Insurance Company, to issue its Title Insurance Policy, describing the above mentioned property.

Ernest K. Sanders
Affiant

Subscribed and sworn to before me this 6th day of July, A.D. 19 95.

Mail prepared By:
Standard Bank & Trust Co.
4001 W. 95th St
Oak Lawn, IL 60453

Judith A. Kiely
Notary Public



05.00DR
02.00PEN

95489059

UNOFFICIAL COPY

Property of Cook County Clerk's Office

95489059

COOK COUNTY CLERK
JAN 1 1995

UNOFFICIAL COPY

EXHIBIT "A"

24 FEBRU 16-0110 (Home Loan)
Rev. June 1965. (See Preface)
Section 1010 Title 16, U.S.C.
Accessible to
Federal National Mortgage Association

20 443 653

ILLINOIS

MORTGAGE

443-1

This INDENTURE, made this Twenty-Eighth day of March 1961, between

Edward H. Anderson and Lois H. Anderson, his wife, Mortgagee, and
STANDARD BANK AND TRUST COMPANY

a corporation organized and existing under the laws of Illinois
Mortgagee.

WITNESSETH: That whereas the Mortgagee is justly indebted to the Mortgagee, as is evidenced by a certain promissory note executed and delivered by the Mortgagee, in favor of the Mortgagee, and bearing even date herewith, in the principal sum of TWENTY THOUSAND FIVE HUNDRED AND NO/100 - - - Dollars (\$ 20,500.00) payable with interest at the rate of SIX per centum (6%) per annum on the unpaid balance until paid, and made payable to the order of the Mortgagee at its office in Chicago Illinois, or at such other place as the holder may designate in writing, and delivered or mailed to the Mortgagee, the said principal and interest being payable in monthly installments of ONE HUNDRED TWENTY TWO AND 92/100 Dollars (\$ 122.92) beginning on the first day of May 1961, and continuing on the first day of each month thereafter until the note is fully paid, except that the final payment of principal and interest, if not earlier paid, shall be due and payable on the first day of March 1962.

Now, THEREFORE, the said Mortgagee (or the better securing of the payment of said principal sum of money and interest and the performance of the covenants and conditions herein contained, done by these premises) has granted and WARRANTS unto the Mortgagee (or successors or assigns, the following described real estate situate, lying, and being in the county of Cook and the State of Illinois, to wit:

Lot 9 in Stowcher's Re-subdivision of Lots 6 to 19 inclusive the South half of Lot 21, Lots 22 to 26 inclusive and Lot 27 (except the East 1/2 East thereof) in Block 24 in Gremlin and Brennan's Fairview Park, a Subdivision of certain blocks and parts of blocks in Crosby and others Subdivision of the South half (west of Railroad) in Section 9, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

600

Clerk's Office
95489053

TOGETHER with all and singular the tenements, hereditaments and appurtenances therewith belonging, and the rents, issues, and profits thereof; and all fixtures now or hereafter attached to or used in connection with the premises herein described and in addition therein the following described buy-sell appurtenances, which are, and shall be deemed to be, fixtures and a part of the realty, and are a portion of the security for the indebtedness herein mentioned:

20 443 653

UNOFFICIAL COPY

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 28 1991

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

95489059



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1 DECEASED NAME FIRST MIDDLE LAST LOLA SANDERS	SEX 2 FEMALE	DATE OF DEATH MONTH DAY YEAR 3 MAY 22, 1991
2 COUNTY OF DEATH COOK	UNDER 1 YEAR MONTHS DAYS 50 50	DATE OF BIRTH MONTH DAY YEAR 50 JUNE 27, 1940
3 CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN EITHER ONE MERCY HOSPITAL MEDICAL CENTER	IF HOUR OR PART INDICATE B.O.A. OF OTHER OR PART INDICATE SPECIFIC INPATIENT
4 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 M. S. INDIA	NAME OF SURVIVING SPOUSE (MADE NAME IF WIFE) 80 E. N. S. Sanders	WAS DECEASED EVER IN U.S. ARMY OR NAVY? 9 NO
5 SOCIAL SECURITY NUMBER :0 324-32-9668	KIND OF BUSINESS OR INDUSTRY 110 OWN HOME	EDUCATION (SPECIFY MONTHS OF STUDY) 12 0
6 RESIDENCE (STREET AND NUMBER) 13A 9327 S MAY	CITY, TOWN, TWP. OR ROAD/DISTRICT NO 130 CHICAGO	COUNTY 13C COOK
7 STATE 15C ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, NATIVE ALASKAN, OTHER) 142 BLACK	13E YES 13F NO
8 FATHER NAME FIRST MIDDLE LAST W. L. W. Fair	145 MAMO YES 146 NO	13G YES 13H NO
9 MOTHER NAME FIRST MIDDLE LAST I. M. M. Ruffus	17A SALVE STR. SARGOLZA ADMITTING OFFICER	17B RECORDS
10 REFORM STATE (WITH COUNTY) SILVE STR. SARGOLZA	17C HOSPITAL	17D MAILING ADDRESS (STREET AND NO. OR P.O. BOX) (CITY, TOWN, STATE, ZIP) 17E STEVENSON EXPY AT KING DRIVE 60616
11 PART I Immediate Cause (and chain of condition resulting in death) a) MYOCARDIAL INFARCTION b) GLIOBLASTOMA MULTIFORME c) HEPATIC ENCEPHALOPATHY d) FEVER UNKNOWN ORIGIN	18 PART II Enter the date, or approximate date, of the onset of the condition or condition leading to the death. Do not enter the mode of dying, such as cardiac or respiratory failure, or the mode of death, such as homicide or suicide.	19A IMMEDIATE 19B 1 YEAR 19C 1 MONTH
20A DATE OF OPERATION IF ANY 20B MAJOR FINDINGS OF OPERATION 20C AND 20D ATTENDING THE DECEASED AND LAST SURVIVING ALIVE ON 20E SIGNATURE OF CENTER (TYPE OR PRINT) 20F NAME AND ADDRESS OF CENTER (TYPE OR PRINT) 20G NAME OF ATTENDING PHYSICIAN (OTHER THAN CENTER) (TYPE OR PRINT)	21A TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED 21B WAS OCCASION OR MEDICAL SURVEY? YES NO 21C NO	21D HOUR OF DEATH 21E DATE SIGNED MONTH DAY YEAR 21F ILLINOIS LICENSE NUMBER 21G DATE OF BIRTH MONTH DAY YEAR 21H MONTH DAY YEAR 21I MAY 24, 1991 21J 36-069245
22 RURAL CREMATION (YES/NO) 22A BURR OAK	22B CREMATORIAL NAME 22C METROPOLITAN FUNERAL PARKS INC 4415 S. KING DR CHICAGO ILLINOIS 60653	22D DATE OF CREMATION MONTH DAY YEAR 22E METROPOLITAN FUNERAL PARKS INC 4415 S. KING DR CHICAGO ILLINOIS 60653
23 FUNERAL HOME 23A BURR OAK	23B STREET AND NUMBER OR R.F.D. 23C ALSD	23D CITY OR TOWN 23E STATE 23F DATE OF DEATH MONTH DAY YEAR 23G MAY 28 1991
24 METROPOLITAN FUNERAL PARKS INC 4415 S. KING DR CHICAGO ILLINOIS 60653	24A SIGNATURE OF REGISTRAR 24B SIGNATURE OF REGISTRAR	24C DATE OF DEATH MONTH DAY YEAR 24D MAY 28 1991