



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

95536879

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

WALTER J. ROBINSON being duly sworn

states that he resides at 520 W. OAKDALE AVE #1-N in the City of CHICAGO

That he was acquainted with BEULAH P. ROBINSON

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

UNIT # 14-29-211-013-1005
Addr - 920 W. Oakdale #1-N, Chicago, IL
UNIT NUMBER 920-1 NORTH, IN THE OAKDALE COURT CONDOMINIUM AS DELINEATED ON THE FOLLOWING DESCRIBED REAL ESTATE: LOT 2 IN MORRISSEY'S SUBDIVISION OF LOT 3 (EXCEPT THE EAST 136 FEET THEREOF AND EXCEPT THE NORTHWESTERN ELEVATED RAILROAD RIGHT OF WAY), OF SUB-BLOCK IN BENJAMIN SHURTLEFF'S SUBDIVISION OF PART OF THE WEST 1/2 OF BLOCK 5 IN CANAL TRUSTEES' SUBDIVISION OF THE EAST 1/2 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "D" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25523604, TOGETHER WITH ITS UNDIVIDED percentage interest in the common elements in Cook County, Illinois.

95536879

2565671
28-548 1087
RE: TITLE SERVICES #

That the deceased died July 20, 1988 as evidenced by a certified copy of death certificate of the deceased attached hereto. DEPT-01 RECORDING \$25.50
Y#0001 TRAN 9313 08/15/95 09:33:00
#5944 # CG #-95-536879

That the deceased died:

- Leaving no Last Will & Testament. DEPT-10 PENALTY \$22.00
- 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 BLACKHAWK COUNTY, IOWA 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 \$150,000 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

2575
27-09

this 7th day of August, A.D. 19 95

Catherine E. Jacobs
Notary Public

OFFICIAL SEAL
CATHERINE E. JACOBS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 12/07/98

(affiant's signature) PREPARED BY:
V. ZANDES
FIRST NAT'L BANK - CHICAGO
ONE FIRST NAT'L FLORIDA #008
CHICAGO, ILL. 60606

UNOFFICIAL COPY

Property of Cook County Clerk's Office

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TYPE OR PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK	BIRTH NUMBER 100-00111	DECEASED NAME Bella Robinson	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) July 20, 1988
		MARRIAGE (MARRIAGE, AMERICAN (MARRIAGE) RECEIPT) None	AGE (LAST BIRTHDAY) 77	DATE OF BIRTH (MONTH, DAY, YEAR) November 15, 1910
		CITY, TOWN, OR PLACE OF BIRTH Waterloo	HOSPITAL OR OTHER INSTITUTION (NAME OF INSTITUTION, STREET AND CITY) Yes Allen Memorial Hospital	IF NOT ON PREVIOUS DOA (DEATH RECORD, INPATIENT) Inpatient
		STATE OF BIRTH (IN FULL) Iowa	COUNTRY OF WHAT COUNTRY U.S.A.	MARRIAGE (MARRIAGE, AMERICAN (MARRIAGE) RECEIPT) None
		SOCIAL SECURITY NUMBER 478-30-1834	OCCUPATION (TYPE AND OF YEARS WORKED DURING MOST OF LIFE) Teacher	TYPE OF BUSINESS OR INDUSTRY (NAME OF BUSINESS) Public Schools
		RESIDENCE (STATE) Iowa	COUNTY Black Hawk	CITY, TOWN, OR LOCATION Waterloo
		FATHER - NAME Robert S. Jager	MOTHER - MARRIAGE NAME Clara B. Keiter	
		INFORMANT - NAME Walter J. Robinson	MARITAL ADDRESS (CITY OR TOWN, STATE, ZIP) 920 W. Oakdale, IN Chicago IL 60657	
		PART I: DEATH WAS CAUSED BY: (a) CNF (b) Heart Attack (c) severe CAD		SIGNATURE OF PHYSICIAN (PRINT NAME AND STATE) _____
		PART II: OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RELATED TO CAUSE GIVEN IN PART I) _____		IF FEMALE, WAS THERE A PREGNANCY IN THE LAST 6 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (CHECK ONE) No	DATE OF INJURY (MONTH, DAY, YEAR) No	HOW INJURY OCCURRED (TYPE AND NUMBER OF INJURY IN PART I OF PART II, MEN 11) No
		PLACE OF BIRTH (STATE, COUNTY, CITY, TOWN, LOCATION) Waterloo, Iowa	STREET OR R.F.D. NO., CITY OR TOWN, COUNTY, STATE _____	
		NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (PRINT NAME) _____	DATE SIGNED (MONTH, DAY, YEAR) 7-22-88	HOUR OF DEATH 2:43 AM
		NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER OR CORONER) (PRINT NAME) 622 W 4 Waterloo, Iowa 50702		
		BURIAL, CREMATION, REMOVAL (CHECK ONE) Burial	CEMETERY OR CREMATORY - NAME Elmwood	LOCATION (CITY OR TOWN) Waterloo
		DATE July 25, 1988	FUNERAL HOME - NAME AND ADDRESS Locks Funeral Home, Inc.	CITY OR TOWN, STATE, ZIP 1519 West 4th Waterloo, IA 50702
		JOURNAL DISTRICT - SIGNATURE Jack R. Locher	YEAR 1990	REGISTER - NUMBER Donna Mober 708
				DATE RECEIVED BY LOCAL OFFICE (MONTH, DAY, YEAR) 7/26/88

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