

# UNOFFICIAL COPY



REAL ESTATE  
INFORMATION SERVICES

## DECEASED JOINT TENANT AFFIDAVIT

DEFI  
T100

STATE OF ILLINOIS )

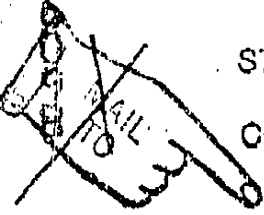
DATE: 9/28/95

COUNTY OF COOK )

SS

COMMITMENT NO:

95656098



Edward V. Maxwell, being first duly sworn,  
for the purpose of inducing TRW 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: 854 E. 87th Pl. Chicago 60619
2. That he/she was acquainted with Annie Maxwell  
who died on 12/28/90, 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.
4. That said decedent died:  
 leaving no last will and testament  
 leaving a last will and testament, a copy of which is attached.
5. 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 \$ \_\_\_\_\_.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said County of Cook, Illinois, this 28th day of September, 1995.

4403 CT # 95-256098  
RECORDED

NOTARY PUBLIC FEE \$25.00  
15015 FRANK 5050 09/27/95 15:19:00  
4403 CT # 95-256098  
COOK COUNTY RECORDER

95656098

Edward V. Maxwell

Affiant's Signature

"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT  
ARE COPIES AND ARE NOT ORIGINAL SIGNATURES."

Subscribed and sworn to  
before me this 28th  
day of September  
19 95

"OFFICIAL SEAL"  
AMANDA C. THOMPSON  
Notary Public, State of Illinois  
My Commission Expires 10/14/97

Amanda C. Thompson  
Notary Public

Box 14

23.00  
du

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11/11/11

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*Handwritten:* Michael D. Cook

STATE OF ILLINOIS		MEDICAL CERTIFICATE OF DEATH		624757	
NAME OF DECEASED <b>COHEN</b>		SEX <b>Female</b>		DATE OF BIRTH <b>December 28, 1990</b>	
RESIDENCE <b>Chicago</b>		DATE OF DEATH <b>JULY 24, 1991</b>		PLACE OF DEATH <b>Michael Reese Hospital</b>	
CAUSE OF DEATH <b>Non-Hodgkin's Lymphoma</b>		MANNER OF DEATH <b>LEVERIA</b>		ICD-9 CODE <b>203</b>	
DECEASED'S ADDRESS <b>1754 E. 87th Pl., Chicago, IL 60619</b>		DECEASED'S SEX <b>Female</b>		DECEASED'S RACE <b>White</b>	
DECEASED'S OCCUPATION <b>None</b>		DECEASED'S MARITAL STATUS <b>Single</b>		DECEASED'S HIGHEST GRADE OF SCHOOL <b>High School</b>	
DECEASED'S SOCIAL SECURITY NUMBER <b>95656098</b>		DECEASED'S ALIEN STATUS <b>Yes</b>		DECEASED'S US CITIZENSHIP <b>Yes</b>	
DECEASED'S PLACE OF BIRTH <b>Chicago, Illinois</b>		DECEASED'S DATE OF BIRTH <b>December 28, 1990</b>		DECEASED'S TIME OF DEATH <b>2:30 A.M.</b>	
DECEASED'S SIGNATURE <i>Charles M. Shapiro, M.D.</i>		DECEASED'S ADDRESS <b>Lake Shore Drive at 31st Street, Chicago, Illinois 60616</b>		DECEASED'S LICENSE NUMBER <b>36-33655</b>	
DECEASED'S SIGNATURE <i>William J. Williams</i>		DECEASED'S ADDRESS <b>7350 S. Cottage Grove Ave., Chicago, IL 60619</b>		DECEASED'S LICENSE NUMBER <b>5368</b>	
DECEASED'S SIGNATURE <i>Virginia S. Parker, M.B.A.</i>		DECEASED'S ADDRESS <b>7350 S. Cottage Grove Ave., Chicago, IL 60619</b>		DECEASED'S LICENSE NUMBER <b>DEC 31 1990</b>	

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