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CHICAGO TITLE INSURANCE COMPANY

3225 NORTH ASHLAND AVENUE, CHICAGO, IL 60657

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF) ss.

Order No.: 1401

95656356

ROSEMARY PIERCE

being duly sworn states that SHE resides at 1337 W ROSCOE STREET in the City of CHICAGO

That SHE was acquainted with JOSEPH SOOS AND AGENE SOOS deceased who, at the time of death, was one of the owners of the land in COOK County, Illinois, described as:

LOT FORTY FOUR (44) IN BLOCK ONE (1) IN WILLIAM J. GOODY'S SUBDIVISION OF THE SOUTHEAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 20 TOWN 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF THE CHICAGO AND EVANSTON AND LAKE SUPERIOR RAILROAD, IN COOK COUNTY, ILLINOIS

95656356

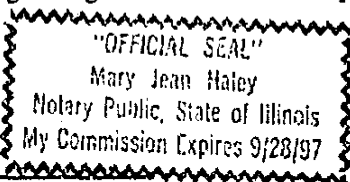
That the deceased died 3/22/88 AND 8/10/92 as evidenced by a certified copy of death certificate of the deceased attached hereto.

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 SIX HUNDRED THOUSAND dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said



Rosemary Price

this 27th day of September, A.D. 1995

Mary Jean Haley Notary Public

Rosemary Price (Affiant's Signature) 23.50 20.00

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11/11/2011 10:11:11 AM

Property of Cook County Clerk's Office

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March 24, 1988

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LOUISE C. EDWARDS M.D. M.P.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 OF 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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.

95656056

THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME: JOSEPH SOOS

AGE - LAST: 84

SEX: MALE

DATE OF DEATH - MONTH, DAY, YEAR: MARCH 23, 1988

CITY OF DEATH: CHICAGO

COUNTY OF DEATH: COOK

STATE OF DEATH: ILLINOIS

DEATH CERTIFICATE NUMBER: 356-07-2566

REGISTRATION NUMBER: 1337 W. ROSCOE

STREET AND NUMBER: 1337 W. ROSCOE CHGO IL

APPROXIMATE VITAL STATISTICS BIRTH, DEATH AND DEATHS: 15 years

CAUSE OF DEATH: (1) Cardiac Arrest (2) Anteroseptal Heart Disease (3) DEATH WAS CAUSED BY: OTHER CAUSE

DEATH WAS CAUSED BY: OTHER CAUSE

RELATIONSHIP: WIFE

NAME OF SURVIVING SPOUSE: AGNES ROMMOFF

WAS DECEASED EVER IN U.S. ARMED FORCES YES / NO

WAR OR CARE OF SERVICE: NO

DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): MAR 24 1988

REGISTRAR SIGNATURE: LOUISE C. EDWARDS

95656056

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STATE OF FLORIDA

OFFICE OF VITAL STATISTICS

39-92-004999

CERTIFIED COPY
CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO

1 DECEDENT'S NAME FIRST MIDDLE LAST 2 SEX
AGNES BARBARA SOOS Female

3 DATE OF DEATH (Month, Day, Year) 4 SOCIAL SECURITY NUMBER 5b AGE Last Month Days 5c UNDER 1 YEAR 5d UNDER 1 DAY 5e UNDER 1 DAY
August 10, 1992 334-20-6740 79 79

6 DATE OF BIRTH (Month, Day, Year) 7 BIRTHPLACE (City and State or Foreign Country) 8 WAS DECEDENT EVER IN US ARMED FORCES? (Yes or No)
February 13, 1913 Chicago, Illinois No

9a PLACE OF DEATH (Indicate only see instructions on other side) 9b INSIDE CITY LIMITS? (Yes or No)
Brandon No

10a DECEDENT'S USUAL OCCUPATION 10c KIND OF BUSINESS/INDUSTRY 11 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) 12 SURVIVING SPOUSE (If wife, give maiden name)
Teacher Nursery School Widowed n/a 95656356

13a RESIDENCE - STATE 13b COUNTY 13c CITY, TOWN, OR LOCATION 13d STREET AND NUMBER
Florida Hillsborough Brandon 728 Westwood Drive

14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Mexican, Cuban, Mexican, Puerto Rican, etc.) 15 RACE - American Indian, Black, White, etc. Specify 16 DECEDENT'S EDUCATION (Specify only highest grade completed)
No 33511 No White Elementary/Secondary 8 College (14 or 16)

17 FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First, Middle, Maiden Surname)
John Romano Barbara Kittle

19a INFORMANT'S NAME (Type/Print) 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Rosemary Pierce 728 Westwood Drive Brandon, Florida 33511

20a METHOD OF DISPOSITION 20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c LOCATION - City or Town, State
 Burial Cremation Removal from State
 Donation Other (Specify)
Tampa Bay Crematory Brandon, Florida

21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH 21b LICENSE NUMBER (of Licensee) 21c NAME AND ADDRESS OF FACILITY
Stowers Funeral Home 401 W. Brandon Blvd. Brandon, FL 33511

22a In the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) 22b DATE SIGNED (Mo., Day, Yr.) 22c HOUR OF DEATH
Antonio Rivera, M.D. 8-10-92 5:30 A M

23a On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated (Signature and Title) 23b DATE SIGNED (Mo., Day, Yr.) 23c HOUR OF DEATH
Sharon Farmer August 12, 1992

24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, etc.) (Type or Print)
Antonio Rivera, M.D. 425 S. Kings Avenue Brandon, Florida 33511

25a SUBREGISTRAR - SIGNATURE AND DATE 25b LOCAL REGISTRAR - SIGNATURE 25c DATE REGISTERED
Sharon Farmer August 12, 1992

26 PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter only the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death:
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → **CARDIOPULMONARY ARREST**
 DUE TO (OR AS A CONSEQUENCE OF)
 SEQUENTIAL CAUSES (List conditions leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST) **ATHEROSCLEROTIC HEART DISEASE**
 DUE TO (OR AS A CONSEQUENCE OF)

26 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
 27a WAS AN AUTOPSY PERFORMED? (Yes or No) **No**
 27b WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No)
 27c CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) **Yes**

29 IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? YES NO
 30a IF SURGERY IS MENTIONED IN PART I OR II ENTER CONDITION FOR WHICH IT WAS PERFORMED 30b DATE OF SURGERY (Mo., Day, Year)
Natural

31 PROBABLE MANNER OF DEATH (Specify): Natural, accident, suicide, homicide, or undetermined
 32a DATE OF INJURY (Month, Day, Year) 32b TIME OF INJURY 32c INJURY AT WORK? (Yes or No) 32d DESCRIBE HOW INJURY OCCURRED

August 12, 1992

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

State Registrar

WARNING: 3521125

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH LINES AND SECURITY WATERMARK ON BACK AND COLORED BACKGROUND AND GOLD EMBOSSED GREAT SEAL OF THE STATE OF FLORIDA ON FRONT. ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

HRS FORM 1564A (7-91)



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