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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

{ a }

Order No. _____

RONALD A. DEERLIES _____ being duly sworn
 states that he resides at 1722 PINEHURST LANE _____ in the City of
 FLOSSMOOR, IL.

That he was acquainted with DIANE C. DEERLIES _____ deceased who, at the time of her death, was one of the owners of the land in COOK
 County, Illinois, described as:

DEPT-01 RECORDING \$23.00
 160011 TRAN 5694 02/16/95 09148100
 19423 I RV W-95-103980
 COOK COUNTY RECORDER

55103980

R3-497

That the deceased died MAY 3, 1993 _____, 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 as the time of the death of the deceased, does not exceed the sum of FORTY THOUSAND & 00/100 dollars.

Affiant makes this affidavit for the 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

RONALD A. DEERLIES

date 2 day of FEBRUARY, A.D. 19 95

Notary Public
 OFFICIAL
 RONALD MAGNAHOOCO
 NOTARY PUBLIC STATE OF ILLINOIS
 MY COMMISSION EXP. DEC. 7, 1995

55103980

(Affiant's signature)

SEARCHED

FEB 16 1995

TOTAL P.02

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Property of Cook County Clerk's Office
O'Hearn & Co.
RECEIVED

RECEIVED

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. 116-341

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record
for the person named therein and that this record was established and filed in
my office in accordance with provisions of the ILLINOIS STATUTES relating
to the registration of BIRTHS, STILLBORNS AND DEATHS.

MAY 04 1993

SIGNED *[Signature]*

LOCAL REGIST

ice

DATED May
AT HARVEY, ILLINOIS.

DATED MAY 04 1993 SIGNED G. L. Kline, Jr.
AT HARVEY, ILLINOIS.
The original of this record is permanently filed with the Illinois Dept. of
Public Health in Springfield, Illinois, County Clerks and Local Registrars are
authorized to make certification from copies of the original record. The Illinois
Statutes further provided that certification of a DEATH record by the Dept. of
Public Health or the Local Registrar of the County Clerk shall be prima facie
evidence in all courts and places of the facts therein stated.

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