

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

95298723

STATE OF ILLINOIS
COUNTY OF _____

{ ss.

Order No. _____

_____ Jane C. Jachim _____ being duly sworn
states that she resides at 6024 W. Grace, _____ in the City of
Chicago, IL _____

That she was acquainted with Richard J. Jachim
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

LOT 32 IN BLOCK 4 IN ALBERT J. SCHORSCH IRVING PARK BOULEVARD GARDENS, IN THE
NORTHWEST 1/4 OF SECTION 20, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL
MERIDIAN, ACCORDING TO PLAT FILED IN THE OFFICE OF THE REGISTRAR OF TITLES ON
FEBRUARY 14, 1917 AS DOCUMENT NO. 69920, IN COOK COUNTY, ILLINOIS

13-20-1/2-032-0000

- DEPT-11 RECORD FUR \$23.50
- T#0013 TRAN 5353 05/05/95 12:58:00
- #2366 CT #-95-298723
- COOK COUNTY RECORDER

That the deceased died December 20, 1993
certified copy of death certificate of the deceased attached hereto. _____, as evidenced by a

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 COOK County, Illinois about
9 APR 1 1994

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 100,000⁰⁰ 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.

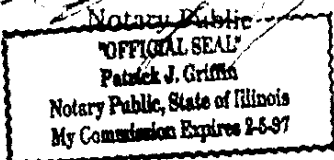
Subscribed and sworn to before me by the said

JANE C. JACHIM

this 28 day of APRIL, A.D. 1995

[Signature]

[Signature]
(affiant's signature)



FORM 3703

23.50
TB.

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11/11/2011

Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. 1733		STATE OF ILLINOIS MEDICAL EXAMINER'S CERTIFICATE OF DEATH				STATE FILE NUMBER
REGISTERED NUMBER 447 38912043		DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)	
1 Richard J. Jachim		Male		3 December 20 1993		
COUNTY OF DEATH 4 Cook		AGE-LAST BIRTHDAY (YRS) 5a. 41	UNDER 1 YEAR MOSE DATE	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH DAY YEAR) 5d. APRIL 16, 1952	
CITY TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO HEIGHTS		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b. ST. JAMES HOSPITAL			IF HOSP OR INST INDICATED B O A OF DEATH IN PATIENT (SPECIFY) 6c. D.O.A.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. JANE C. BANDES		IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 8c. YES	
SOCIAL SECURITY NUMBER 10 357-48-0890		USUAL OCCUPATION 11 SIGN HANGER	KIND OF BUSINESS OR INDUSTRY 11a. OUTDOOR ADVERTISING		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12	
RESIDENCE (STREET AND NUMBER) 13a 6024 W. GRACE		CITY, TOWN, TWP. OR ROAD DISTRICT NO 13b CHICAGO		IN HOME CITY (YES/NO) 13c YES	COUNTY 13d COOK	
STATE 13e ILLINOIS		ZIP CODE 13f 60634	HAIR (WHITE IN ALL AMERICAN PRINAN #) (SPECIFY) 14a WHITE	OF HISPANIC ORIGIN? (SPECIFY) (NO/YES) IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC. 14b X NO YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST 15 BENITE J. JACHIM		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 ROSE A. WOZOLEK		INFORMANT'S NAME (TYPE OR PRINT) 17a JANE C. JACHIM		
RELATIONSHIP 17b WIFE		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 6024 W. GRACE CHICAGO IL 60634		PART II. Other (pre-recorded) contributing to death but not resulting in the underlying cause given in PART I		
AUTOPSY (YES/NO) 18a YES		WAS AUTOPSY PROVIDED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 18b YES		NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 19a Acc. de ST		
DATE OF INJURY (MONTH DAY YEAR) 20a December 20, 1993		HOUR 20c 10:55 A.M.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 19) 20d boom hit power line			
INJURY AT WORK (YES/NO) 20e YES		PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20f Streets	LOCALITY (CITY, VIL OR TOWN OR TWP. OR RD DIST NO., COUNTY, STATE) 20g Cook, Ill. W. IL	IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h YES NO		
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT...		THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR 21b December 20, 1993		AT 21c 10:55 P.M.		
CORONER'S MEDICAL EXAMINER'S SIGNATURE 22a E.R. Donoghue, M.D.		DATE SIGNED (MONTH DAY YEAR) 22b December 21, 1993		CORONER'S PHYSICIAN'S NAME (Type or Print) 23a J. LAWRENCE COGAN, M.D.		
DATE SIGNED (MONTH DAY YEAR) 23b		BURIAL CREMATION, REMOVAL (SPECIFY) 24a BURIAL		CEMETERY OR CREMATORY-NAME 24b MARVHILL CEMETERY	LOCATION CITY OR TOWN STATE 24c NILES ILLINOIS	DATE (MONTH DAY YEAR) 24d DEC. 23, 1993
FUNERAL HOME 25a BLAKE-LAMB FUNERAL HOME		STREET AND NUMBER OR R.F.D. 4727 W. 103rd ST.		CITY OR TOWN STATE ZIP 25b OAK LAWN ILLINOIS 60453		
FUNERAL DIRECTOR'S SIGNATURE 25a		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-011832		LOCAL REGISTRAR'S SIGNATURE 26a		
DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b		DEC. 22 1993				

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEASED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: _____ SIGNED: John R. Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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Mail To. Patrick Griffin
10001 S. Roberts Rd.
Palos Hills, IL 60465