



UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

171 N. CLARK STREET, CHICAGO, IL 60601

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

95377032

Order No. 1401 007953703 P1

Robert F. Burgess, a Widower and Not Since Remarried

being duly sworn states that He resides at 5217 West Avery Place
in the City of Oak Lawn, Illinois 60453

That He was acquainted with Margaret Laverne Burgess deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

Lots 9 and 10 in Block 2 in Campbell's second addition to Oak Lawn, Being a
Subdivision of Lot 3 of the Subdivision of the Northwest 1/4 and the West 1/2
of the Northeast 1/4 of Section 4, Township 37 North, Range 13 East of the
Third Principal Meridian, in Cook County, Illinois.

TAX \$ 24.04 - 106.04

DEPI-11 023.50
T40103 TRAN 2045 06/09/95 16103:00
17390 \$ 128 * -95-377032
COOK COUNTY RECORDER

That the deceased died January 15, 1984 as evidenced by a certified copy of death
certificates 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
\$75,000 and 00/100 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.

OFFICIAL SEAL
JANET M. SORD
Notary Public, State of Illinois
My Commission Expires 5-24-97

Subscribed and sworn to before me by the said

this 25th day of May, A.D. 19 95

[Signature]
Notary Public

Robert F Burgess
(Affiant's Signature)

95377032

[Handwritten initials]

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Property of Cook County Clerk's Office

95377032

HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent 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 JAN. 17, 1984 Signed Lolita Maxwell
 At Cook County Department of Public Health Official Title Chief Deputy Registrar
 1500 E. Maybrook Drive Maywood, Illinois 60153

REGISTRATION DISTRICT NO. 160
 DECEASED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

DATE FILED
 JANUARY 15, 1984

REGISTRATION DISTRICT NO. 160
 DECEASED NUMBER

1. NAME OF DECEASED MARGARET LAVERNE BURGESS
 2. SEX FEMALE
 3. DATE OF BIRTH DEC. 22, 1927
 4. DATE OF DEATH JANUARY 15, 1984
 5. TIME OF DEATH 1:15 PM
 6. PLACE OF DEATH CHRYST HOSPITAL
 7. CITY OF DEATH CHRYST HOSPITAL
 8. COUNTY OF DEATH COOK
 9. STATE OF DEATH ILLINOIS
 10. MARRIAGE STATUS MARRIED
 11. MARITAL HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 12. MARITAL STATUS AT DEATH MARRIED
 13. NAME OF SPOUSE ROBERT FRANCIS BURGESS
 14. DATE OF MARRIAGE 1948
 15. PLACE OF MARRIAGE CHRYST HOSPITAL
 16. COUNTY OF MARRIAGE COOK
 17. STATE OF MARRIAGE ILLINOIS
 18. MARRIAGE LICENSE NUMBER 036-260-522
 19. TYPE OF MARRIAGE CIVIL
 20. TYPE OF DEATH NATURAL
 21. CAUSE OF DEATH HEMORRHAGE FROM Aneurysm of the brain
 22. MANNER OF DEATH NATURAL
 23. PLACE OF DEATH CHRYST HOSPITAL
 24. CITY OF DEATH CHRYST HOSPITAL
 25. COUNTY OF DEATH COOK
 26. STATE OF DEATH ILLINOIS

12. RESIDENCE STREET AND NUMBER 5217 W. AVERY PLACE
 CITY, TOWN, OR VILLAGE OAK LAWN
 COUNTY COOK
 STATE ILLINOIS
 13. RESIDENCE PHONE NUMBER 347-22-3159
 14. OCCUPATION HOMESICKER
 15. OCCUPATION AT DEATH HOMESICKER
 16. OCCUPATION AT DEATH HOMESICKER
 17. OCCUPATION AT DEATH HOMESICKER
 18. OCCUPATION AT DEATH HOMESICKER
 19. OCCUPATION AT DEATH HOMESICKER
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 24. OCCUPATION AT DEATH HOMESICKER
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 26. OCCUPATION AT DEATH HOMESICKER
 27. OCCUPATION AT DEATH HOMESICKER
 28. OCCUPATION AT DEATH HOMESICKER
 29. OCCUPATION AT DEATH HOMESICKER
 30. OCCUPATION AT DEATH HOMESICKER

15. FAITH - NAME JOHN THOMAS
 16. RELIGION FERRE
 17. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 18. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 19. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 20. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 21. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 22. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 23. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 24. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 25. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 26. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 27. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 28. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 29. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED
 30. MARRIAGE HISTORY 1. MARRIED, 2. DIVORCED, 3. SEPARATED, 4. WIDOWED, 5. NEVER MARRIED

17. DOLORES SULLIVAN
 18. DEATH WAS CAUSED BY:
 (a) CARDIAC ARREST
 (b) MASSIVE GASTROINTESTINAL BLEEDING
 (c) DISSEMINATED INTRACRANIAL HEMORRHAGE
 (d) HYPERTENSIVE ENCEPHALOPATHY
 (e) HYPERTENSIVE HEART DISEASE
 (f) HYPERTENSIVE MYOINFARCTION
 (g) HYPERTENSIVE PNEUMOTHORAX
 (h) HYPERTENSIVE RETINOPATHY
 (i) HYPERTENSIVE STROKE
 (j) HYPERTENSIVE VENTRICULAR ANEURYSM
 (k) HYPERTENSIVE VENTRICULAR FIBRILLATION
 (l) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (m) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (n) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (o) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (p) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (q) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (r) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (s) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (t) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (u) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (v) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (w) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (x) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (y) HYPERTENSIVE VENTRICULAR THROMBOSIS
 (z) HYPERTENSIVE VENTRICULAR THROMBOSIS

19. SIGNATURE Lolita Maxwell
 20. NAME AND ADDRESS OF CERTIFIER Illinois Department of Public Health, 1500 E. Maybrook Drive, Maywood, IL 60153
 21. SIGNATURE Lolita Maxwell
 22. NAME AND ADDRESS OF CERTIFIER Illinois Department of Public Health, 1500 E. Maybrook Drive, Maywood, IL 60153

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31. SIGNATURE Lolita Maxwell
 32. NAME AND ADDRESS OF CERTIFIER Illinois Department of Public Health, 1500 E. Maybrook Drive, Maywood, IL 60153

33. SIGNATURE Lolita Maxwell
 34. NAME AND ADDRESS OF CERTIFIER Illinois Department of Public Health, 1500 E. Maybrook Drive, Maywood, IL 60153

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