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#53034

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

RECEIVED
JUL 15 1996
CLERK OF COURT
COOK COUNTY RECORDER

MANE CHARLENE JOYNER ROBERTS being duly sworn states that she resides at 878 Willowbrook in the city of Wheeling.

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

LOT 66 IN LEMKE FARMS SUBDIVISION UNIT 1, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTH EAST 1/4 OF SECTION 15, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT 24536420 AND REGISTERED AS LR DOCUMENT 3031924 AND CORRECTED BY PLAT RECORDED AS DOCUMENT 24877455 AND REGISTERED AS LR DOCUMENT 3031924 AND CORRECTED BY PLAT RECORDED AS DOCUMENT 24877455 AND REGISTERED AS LR DOCUMENT 3030270, IN COOK COUNTY, ILLINOIS.

Permanent Tax # 03-15-213-047-0000
De Reg 93231766

That the deceased died on April 15, 1990, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving a Last Will and 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 Cook County, Illinois.

Common Address of Property:

878 Willowbrook
Wheeling, Illinois 60090

25.50
22.00
47.50
SAM

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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 ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000.00).

Affiant makes this affidavit for the purpose of keeping the chain of title clear on this property.

Marie Charlene Joyner Roberts
MARIE CHARLENE JOYNER ROBERTS

SUBSCRIBED and SWORN
to before me by the said MARIE
CHARLENE JOYNER ROBERTS,
this 26 day of June, A.D. 1996.

Lois Kulinsky
NOTARY PUBLIC



This document prepared by:

LOIS KULINSKY & ASSOCIATES, LTD. #53034
395 East Dundee Road, Suite 200
Wheeling, Illinois 60090
(708) 459-4448
f:robep01.doc:fa2



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STATE OF WISCONSIN

County of Oneida

I, Thomas H. Leighton, Register of Deeds in and for said County do hereby certify that the foregoing copy has been compared by me with the original record filed in Vol. 11, Page 480, that it is a true and correct transcript therefrom and of the whole thereof, as the same remains in my office.

In witness whereof, I have hereunder set my hand and affixed the seal of the Register of Deeds of Oneida County at my office in Rhinelander, Wisconsin this 18th day of April 19 90

Thomas H. Leighton
Register of Deeds

DOH 500 Rev. 5/78
Check on Wis 2245

LOCAL FILE NUMBER

DECEASED'S NAME First Middle Last

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE

4896700518

STATE DEATH NO. 116-14-5739

1. DECEASED'S NAME: Edward Augustus JOYNER
2. SEX: M
3. SOC. SEC. NUMBER OF DECEASED: 116-14-5739
4. DATE OF DEATH: April 15, 1990
5. BODY FOUND: N

6. AGE (Years, Months, Days): 62
7. DATE OF BIRTH: May 29, 1927
8. COUNTY OF DEATH: Oneida
9. DEATH AT HOSPITAL: Inpatient, Outpatient
10. OTHER PLACE: R.N., Other

11. HOSPITAL (AND CAMPUS) OR SKINNING HOME: Oueda
12. RESIDENCE INSIDE CITY, VILLAGE, TOWNSHIP: St. Mary's Roman Catholic
13. RESIDENCE OUTSIDE CITY, VILLAGE, TOWNSHIP: Cook
14. NUMBER STREET: 878 Willowbrook Drive
14B. ZIP CODE: 60090

15. STATE OF BIRTH: Illinois
16. FATHER'S NAME: Edward Wheeling
17. MOTHER'S NAME: Annabelle Schaubhut
18. RACE: White, Black, Am. Indian, etc.
19. HISPANIC ORIGIN: Spanish, Cuban, Mexican, etc.

20. OCCUPATION: Manufacturer's Representative
21. SURVIVING SPOUSE: Marie Therese Rohrer
22. DECEASED EVER IN U.S. ARMED FORCES: Yes, No
23. PLACE OF DISPOSITION: All Saints Cemetery
24. INFORMANT'S NAME: Marie Joyner
25. METHOD OF DISPOSITION: Burial, Cremation, Donation

26. PLACE OF DISPOSITION: All Saints Cemetery
27. LOCATION: Des Plaines, Illinois
28. DATE RECEIVED FROM MRO CERT: April 17, 1990
29. DATE RECEIVED FROM REGISTAR: April 18, 1990
30. FUNERAL SERVICE: Carlson Funeral Service, Inc.
31. NAME AND MAILING ADDRESS OF FACILITY: Carlson Funeral Service, Inc., 134 N. Stevens St., Rhinelander, Wisconsin 54501

32. MEDICAL CERTIFIER: Bruce Carlson
33. DATE OF DEATH: April 15, 1990
34. MANNER OF DEATH: Natural, Accidental, Undetermined, Homicide
35. DATE SIGNED: April 16, 1990
36. VITAL LICENSE NUMBER: 19487
37. CERTIFIER'S MAILING ADDRESS: 1020 Kofa Avenue - Rhinelander, Wisconsin 54501

38. MEDICAL CERTIFICATE: *PHYSICIAN'S SIGNATURE*
39. DATE OF INJURY: YES, NO
40. HOUR OF INJURY: YES, NO
41. PLACE OF INJURY: HOME, WORK, OTHER
42. INJURY AT WORK: YES, NO
43. COUNTY: YES, NO

44. REGISTAR SIGNATURE: Thomas H. Leighton
45. DATE RECEIVED BY REGISTAR: April 18, 1990
46. PART I. First, the disease, injuries or complications that caused the death. Do not enter the mode of dying such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. Do not list age or senility as sole cause.
47. IF INJURY, DESCRIBE HOW INJURY OCCURRED:

48. CAUSE OF DEATH: *Asystole - Superior Heart Disease*
49. CAUSE OF DEATH: *Asystole - Superior Heart Disease*
50. CAUSE OF DEATH: *Asystole - Superior Heart Disease*

51. INTERVAL BETWEEN ONSET AND DEATH: *1 min.*
52. INTERVAL BETWEEN ONSET AND DEATH: *1 min.*
53. INTERVAL BETWEEN ONSET AND DEATH: *1 min.*

54. PART II. Other significant conditions contributing to death but not resulting in underlying cause given in Part I.
55. PART II. Other significant conditions contributing to death but not resulting in underlying cause given in Part I.
56. PART II. Other significant conditions contributing to death but not resulting in underlying cause given in Part I.

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