

96535390



Investors Title Guarantee, Inc.

312 W. RANDOLPH ST., SUITE 800 - CHICAGO, ILLINOIS 60608 - (312) 201-0600 - FAX (312) 201-1508
200 N LaSalle, Suite 2300 Chgo, IL 60601

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. JMV 59047 (2/3) JPH

BARBARA G. MONTGOMERY being duly sworn
states that SHE resides at 1228 CENTER AVE. in the City of
CHICAGO HEIGHTS IL 60611

That SHE was acquainted with DONALD MONTGOMERY
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as: The Northeastly 11 feet of Lot 34, a 11 of
Lot 35 and the Southwestly 10 feet of Lot 36, in Block
52 in Chicago Heights, in Section 21, Township 35 North,
Range 10 East of the Third Principal Meridian, in
COOK COUNTY, ILLINOIS.
PIN# 32-21-113-073

That the deceased died FEBRUARY 19, 1990, 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 One Hundred Thousand dollars.

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

Subscribed and sworn to before me by the said

Barbara G Montgomery

this 8th day of JULY, A.D. 19 96

Shelby M. Custer

Notary Public

Barbara G Montgomery
(affiant's signature)

UNOFFICIAL COPY

TB BIRTH NO. REGISTRATION DISTRICT NO <u>16.32</u> REGISTERED NUMBER <u>138</u>	STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH	STATE FILE NUMBER
DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR 1 DONALD MONTGOMERY 2 MALE 3 FEBRUARY 19, 1990		
COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR) 4 COOK 5a 52 5b 52 5c 52 5d JUNE 8, 1937		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) IF HOSP OR INST INDICATE D.O.A. OR EMER RM INPATIENT—SPECIFY 6a CHICAGO HEIGHTS 6b SAINT JAMES HOSPITAL MEDICAL CENTER 6c D.O.A.		
BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7 CHICAGO, ILLINOIS 8a MARRIED 8b BARBARA SCHUBY 8c NO		
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 10 328-30-5784 11a MAINTENANCE 11b School 12 12		
RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO INSIDE CITY (YES/NO) COUNTY 13a 1411 CENTER AVENUE 13b CHICAGO HEIGHTS 13c YES 13d COOK		
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 13e ILLINOIS 13f 60411 14a BLACK 14b NO LIVES SPECIFY		
FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE LAST 15 THOMAS MONTGOMERY 16 DRUSILLA WILLIAMS		
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN STATE ZIP) 17a LINDA WEST 17b MEDICAL RECORD 17c 1425 CHICAGO ROAD		
17c CHICAGO HEIGHTS, ILLINOIS 60411		
18. PART I. Enter the disease, injury, or complication 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. Immediate Cause (Final cause or condition) (a) Acute Myocardial Infarction (b) Hypertension (c) Chronic Renal Failure CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19a No 19b		
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION 20a		
(I) (DID) (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH 21a 1-6-90 21b NO 21c 3:11 AM		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (MONTH DAY YEAR) 22a 2-19-90		
SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER 22a R. V. Esparanon MD 22b 36-54308		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED 22c R. V. Esparanon 1510 Vincennes Ave Chicago Hts, IL 60411		
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR) 24a Burial 24b Glennwood 24c Thornton, Illinois 24d Feb 23, 1990		
FUNERAL HOME NAME STREET AND NUMBER OR CITY OR TOWN STATE ZIP 25 Heights Colonial Chapel, 1603 Greenwood, Chicago Heights, IL 60411		
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25a Robert McCullough 25c 6825		
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26a John M Costabile (DZ) 26b 2-20-90		

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: MAR 9 1990 SIGNED: John M Costabile
 AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR