

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

RETURN TO:

96587519

Harry E. DeBruyn, Atty.

BOX 360

NAME/ADDRESS OF TAXPAYER:

Diane M. Rees
12123 Richard Avenue
Palos Heights, IL 60463

SEPT-11 TORRENS 625.105
100315 TRAM 5109 07/31/96 16:22:00
12112 CT * -96-587519
COOK COUNTY RECORDER

STATE OF ILLINOIS)
)
COUNTY OF COOK)

-96-587519

DIANE M. REES, being duly sworn states that she resides at 12123 Richard Avenue, in the City of Palos Heights, IL 60463.

That DIANE M. REES was acquainted with CHARLES G. REES, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

(SEE REVERSE SIDE FOR LEGAL DESCRIPTION)

96587519

Permanent Index No.: 23-25-217-003

Property Address: 12123 Richard Avenue, Palos Heights, IL 60463

That the deceased died January 22, 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.

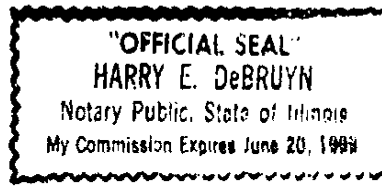
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois, about _____.

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 at the time of the death of the deceased, does not require the payment of Federal or State Inheritance taxes.

25⁰⁰

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Affiant makes this affidavit for the purpose of inducing Attorneys' Title Guaranty Fund, Inc. to issue its title insurance policy, describing the above mentioned property.



Subscribed and sworn to before me by the said

Deane M. Reas

this 25 day of June, 1996

Harry E. DeBruyn
Notary Public

Deane M. Reas
(affiant's signature)

This instrument prepared by: Harry E. DeBruyn, Atty., 15252 South Harlem Avenue, Orland Park, IL 60462

LEGAL DESCRIPTION

Lot 3 in Block 16 in Robert Bartlett's Resubdivision of Blocks 15 and 16 in A.G. Briggs and Co.'s Palos Vista Subdivision in the Southwest 1/4 of the Southeast 1/4 of Section 24, and the West 1/2 of the Northeast 1/4 of Section 25, Township 37 North, Range 12, East of the Third Principal Meridian, according to plan registered as Document No. 807435 and filed on November 23, 1938.

NO TAXABLE CONSIDERATION: Exempt under
Section 4(e) of the Real Estate Transfer Tax Act

6/25/96 Harry E. DeBruyn
Date Attorney

This instrument does not affect to whom the tax bill is to be mailed and, therefore, no Tax Billing Information Form is required to be recorded with this instrument.

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STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED AT ITEM 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.

SIGNED: _____

AT BLUE ISLAND ILLINOIS.

REGISTRATION DISTRICT NO. 1631
 REGISTERED NUMBER 41

DECEASED-NAME: **FIRST** CHARLES **MIDDLE** G. **LAST** REES

1. COUNTY OF DEATH: COOK
 4. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: Blue Island

6a. Blue Island
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago Heights
 7. Chicago Heights
 SOCIAL SECURITY NUMBER: 329-22-9811

10. 329-22-9811
 RESIDENCE (STREET AND NUMBER): 12123 S. Richard
 13a. Illinois
 13b. Illinois
 13c. Illinois

14. White
 14a. White
 14b. White

15. FATHER-NAME: Charles
 MOTHER-NAME: Helen
 16. CINCINNATI

17. Diane Rees
 17a. Wife
 17b. Wife
 17c. Wife

18. PART I: Immediate Cause (Final disease or condition resulting in death)
 (a) Some LV failure with massive ant. sept. My. infarct.
 (b) DUE TO OR AS A CONSEQUENCE OF
 (c) DUE TO OR AS A CONSEQUENCE OF

18. PART II: Other important conditions contributing to death but not resulting in death (do not include those given in PART I)
Cardiogenic shock

19. DATE OF OPERATION, IF ANY: 12/19

20. SIGNATURE OF CERTIFIER: Charles G. Rees
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT):
25th. KELVAK 2320 W. HIGH ST Blue Island IL 60462

21. DATE OF DEATH: 1-22-93
 HOUR OF DEATH: 5:20 AM
 DATE SIGNED: 1-22-93
 ILLINOIS LICENSE NUMBER: 720136040282

22. SIGNATURE OF PHYSICIAN: _____
 NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): _____

23. BIRTH DATE: September 10, 1931
 SEX: MALE
 DATE OF DEATH: JANUARY 22, 1993

24. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago Heights, IL
 24a. Holy Sepulchre
 24b. Holy Sepulchre
 24c. Worth
 24d. Holy Sepulchre

25. ILLINOIS LICENSE NUMBER: _____
 25a. Holy Sepulchre
 25b. Holy Sepulchre
 25c. Worth
 25d. Holy Sepulchre

26. ILLINOIS LICENSE NUMBER: _____
 26a. Holy Sepulchre
 26b. Holy Sepulchre
 26c. Worth
 26d. Holy Sepulchre

27. ILLINOIS LICENSE NUMBER: _____
 27a. Holy Sepulchre
 27b. Holy Sepulchre
 27c. Worth
 27d. Holy Sepulchre

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Property of Cook County Clerk's Office

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