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#599 RH *-96-641533
COOK COUNTY RECORDER

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Order No. _____

JEFFERY ALLEN SPROAT being duly sworn states that he resides at 5510 W. Grace St. in the City of Chicago.

That he was acquainted with BERNARD SPROAT deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, as described as:

LEGAL DESCRIPTION ON EXHIBIT "A"

That the deceased died Aug. 23, 1995, as evidenced by a certified copy of death certificate of the deceased attached thereto.

That the deceased died:

96641533

_____ Leaving no Last Will & Testament.

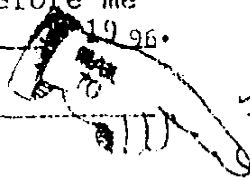
_____ Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the a Circuit Court of _____ County, Illinois.

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 February 26, 1996

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 deceased, does not exceed the sum of Two Hundred Thousand ~~dollars~~ ^{dollars}

SUBSCRIBED and SWORN to before me this 24th day of July 1996.

Joseph J. Poduska
Notary Public



Jeffery Allen Sproat
(Affiant's signature)

Document Prepared by: JOSEPH J. PODUSKA
6059 West Irving Park Road
Chicago, Illinois 60634

Mail To: JOSEPH J. PODUSKA
6059 West Irving Park Road
Chicago, Illinois 60634

25.50
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Property of Cook County Clerk's Office

08-11-08

COOK COUNTY CLERK'S OFFICE
JANUARY 2008

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LEGAL DESCRIPTION EXHIBIT "A"

Lot 6 in Block 1 in Fred Buck's Subdivision of that part of the North 3/4 of the West 1/2 of the West 1/2 of the North West 1/4 of Section 21, Township 40 North, Range 13, East of the Third Principal Meridian Lying South of the North 15.98 Acres thereof (Excepting therefrom the North 119.5 feet thereof) in Cook County, Illinois.

Permanent Index No. 13-21-112-031

Common Address: 5518 West Grace Street
Chicago, Illinois 60641

Property of Cook County Clerk's Office

13-21-112-031

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SECRET

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STATE OF ILLINOIS

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. 160		MEDICAL CERTIFICATE OF DEATH	
REGISTRATION NUMBER			
DECEASED NAME BERNARD		LAST NAME SPROAT	
FIRST NAME MALE		DATE OF DEATH (MONTH DAY YEAR) AUGUST, 23, 1995	
COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (MONTH DAY YEAR) 60	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PARK RIDGE		HOSPITAL OR OTHER INSTITUTION (NAME OF NOT OTHER, GIVE STREET AND NUMBER) LUTHERAN GENERAL HOSPITAL	
MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) WIDOWED		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) NONE	
SOCIAL SECURITY NUMBER 329281187		USUAL OCCUPATION UPHOLSTERER	
RESIDENCE (STREET AND NUMBER) 5518 WEST GRACE		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	
STATE ILLINOIS		ZIP CODE 60641	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. SPECIFY) WHITE		OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) NO	
FATHER'S NAME FIRST MIDDLE LAST MARTIN SPROAT		MOTHER'S NAME FIRST MIDDLE LAST (MAIDEN) LAST NOLA HALL	
INFORMANT'S NAME (TYPE OR PRINT) ANDREA ARAUJO		RELATIONSHIP HOSP REC	
Mailing Address (Street and No. or R.F.D. City or Town, State, ZIP) 1775 DEMPSTER PARK RIDGE, ILLINOIS 60688			
PART I: Enter the immediate cause of death and conditions contributing to death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or head failure. List only one cause on each line.			
Immediate Cause (Final Cause or Condition Resulting in Death)		(a) MULTIPLE MYELOMA DUE TO OR AS A CONSEQUENCE OF	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		(b) _____ DUE TO OR AS A CONSEQUENCE OF	
PART II: Other significant conditions contributing to death, but not resulting in the underlying cause given in PART I		AUTOPSY (YES/NO) NO IF FEMALE: WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
DATE OF OPERATION, IF ANY NA		MAJOR FINDINGS OF OPERATION AA	
(1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON AUG 23, 1995		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED SIGNATURE: CHRISTOPHER ROSE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 4129 WASHINGTON ST, NORTH BROM		HOUR OF DEATH 5:55 P.M. DATE SIGNED (MONTH DAY YEAR) 8-24-95	
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) [Signature]		ILLINOIS LICENSE NUMBER 036-06128	
NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
BURIAL/CREMATION REMOVAL (SPECIFY) CREMATION		CEMETERY OR CREMATORY - NAME OAKRIDGE	
FUNERAL HOME PETERSON FUNERAL HOME, INC		LOCATION (CITY OR TOWN, STATE) HILLSIDE, ILLINOIS	
FUNERAL DIRECTOR'S SIGNATURE [Signature]		DATE (MONTH DAY YEAR) AUG. 28, 1995	
LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.		ILLINOIS LICENSE NUMBER 034-010839	
REGISTRAR [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) AUG 25, 1995	

for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Signed **Madeline Mc Curry**
 Official Title Deputy Registrar
 At Cook County Department of Public Health
 1010 Lake Street Suite 300 Oak Park, Illinois 60301
 Date **AUG 25 1995**

522123

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