

UNOFFICIAL COPY

COOK COUNTY
RECORDER
JESSE WHITE
MARKHAM OFFICE

09/20/96

0026 MCM 14123
RECORDING \$ 25.00
POSTAGES \$ 0.50
96722839 #

09/20/96

0026 MCM 14123

96722839

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of COOK) SS.

OSCAR T. BOEHM being duly sworn states that he
resides at 18625 Oakwood Avenue in the City of _____
Lansing, IL 60438

That he was acquainted with ERIKA R. BOEHM
deceased who, at the time of death, was one of the owners of the land
in _____ County, Illinois, described as:

The North 157 Feet of the South 426.5 Feet of the North 676.5 Feet of
the West 1/2 of the East 1/2 of the West 1/2 of the North East 1/2 of Section
6, Township 35 North, Range 15, East of the 3rd PM (except the right of
way of the Chicago and Grand Trunk Railway) in Cook County, Illinois.

Commonly known as: 18625 Oakwood Avenue, Lansing, IL 60438

Property Index Number: 33 06 200 045

That the deceased died JULY 30, 1996, 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 _____

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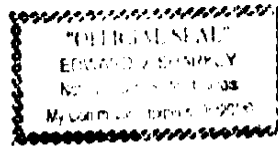
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That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of SIX HUNDRED THOUSAND dollars.

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


(Affiant's Signature)

Subscribed and sworn to
before me this 19th day of
September, 19 96.




Notary Public

This instrument prepared by:

EDWARD V. SHARKEY

14105 Lincoln, P.O. Box 27

Dolton, Il. 60419

After recording mail to:

EDWARD V. SHARKEY

P.O. Box 27

Dolton, Il. 60419



96722559

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

613207

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

AUG 1 1996

I, SHERA LYNE REYN, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTH, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

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THIS CERTIFIED COPY VALID WHEN REPRODUCED OR SIGNATURE SEAL IS REPRODUCED

DECEASED-NAME: **Erika R Boehm** LAST: **Boehm** SEX: **Female** DATE OF DEATH: **July 30, 1996**

COUNTY OF DEATH: **COOK** DATE OF BIRTH: **November 24, 1943**

CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER CASE STREET AND NUMBER): **Rush Pres. St. Lukes Hospital**

AGE-LAST BIRTHDAY: **52** UNDER 1 YEAR: **5c** DATE OF SURVIVED SPOUSE: **9 No**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVED SPOUSE: **Oscar Boehm**

7. **Lithuania** SOCIAL SECURITY NUMBER: **10 322-34-6449** US BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, IL**

11. **Teacher** USUAL OCCUPATION: **11b School Dist. 12**

RESIDENCE STREET AND NUMBER: **18625 Oakwood** CITY, TOWN, TWP. OR ROAD/DISTRICT NO.: **Lansing** INSIDE CITY: **Yes** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **60438** RACE: **White** OF HISPANIC ORIGIN: **NO**

FATHER-NAME: **Martin** MIDDLE: **Idzelis** LAST: **Launert** RELATIONSHIP: **Husband**

17a. **Oscar Boehm** 17b. **Marie** 17c. **17c 18625 Oakwood-Lansing, IL 60438**

18 PART I: **Metastatic Gastric Cancer**

18 PART II: **Other**

20a. DATE OF OPERATION IF ANY: **7/30/96**

20b. MAJOR REASONS OF OPERATION: **Metastatic Gastric Cancer**

21a. YEAR AND MONTH AND DAY WHEN DECEASED: **7/30/96**

21b. TIME AND LAST SURVIVED ALIVE ON: **11:33 P M**

21c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND CAUSE AS STATED: **Yes**

22a. SIGNATURE: **Shera Lyn Reyn**

22b. NAME AND ADDRESS OF CENTER: **Dr. Sarah Lincoln 1653 W. Congress Pkwy Chgo**

22c. NAME OF ATTENDING PHYSICIAN OR OTHER CENTER: **Justice**

23. LOCAL CREMATORIA: **Bechthold Crematory**

23. LOCAL BURIAL: **St. Oakland Mem. Lanes**

24. FUNERAL HOME: **Funeral Service**

24. ADDRESS: **1941 W. Cermak Rd. Chicago IL 60608**

25. REGISTRATION DISTRICT: **16.10**

25. REGISTERED NUMBER: **613207**

26. DATE OF DEATH: **Aug 3, 1996**

26. TIME: **11:33 P M**

26. PLACE: **Chicago, IL**

26. CAUSE: **Metastatic Gastric Cancer**

26. SIGNATURE: **ACT 106**

Property of Cook County Clerk

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