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DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS)

DATE:

COUNTY OF) SS
COOK)

COMMITMENT NO. 96010020

_____ being first duly sworn, for the purpose of inducing United General Title Insurance Company to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

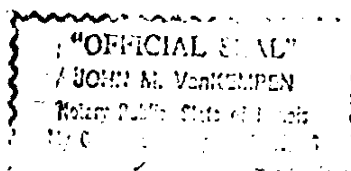
1. That he/she resides at: 8338 S. OGLESBY CHICAGO, IL 60617
2. That he/she was acquainted with ROGER COPELAND who died on APRIL 1, 1992 as evidenced by the attached certified copy of the death certificate.
3. That the decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 - leaving no last will and testament:
 - leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax purposes does not exceed \$ 600,000.00

Roderick Hudson
Affiant's Signature

RODERICK HUDSON BY POWER OF ATTORNEY
FOR ROHELIA B. COPELAND, A WIDOW

Subscribed and sworn to
before me this 20th
day of JANUARY
19 98

[Signature]
Notary Public



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Property
Lot 88 IN EB. Shogren and Company's
Jeffery Highlands in Sec. 36, Township 38
Range 14, East of Third Principal Meridian,
In Cook County, Ill.
PIN# 20-36-405-036
Property Clerk's Office

11/18/2016

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE FILE NO. 1610

DECEASED-NAME: Roger Copeland FIRST LAST SEX: Male DATE OF BIRTH: November 26, 1913 DATE OF DEATH: April 1, 1992

CITY OF DEATH: Cook COUNTY OF DEATH: Cook CITY TOWN TWP. OR ROAD DISTRICT NUMBER: Chicago HOSPITAL OR OTHER INSTITUTION: Humana Hospital-Michael Reese

BIRTHPLACE: Chicago, Ill. MARRIED: Never Married. SOCIAL SECURITY NUMBER: 10413-20-2668

FATHER: Sam Copeland MOTHER: Sammie Copeland RELATIONSHIP: Wife

IMMEDIATE CAUSE OF DEATH: Bihemispheric Stroke. CONDITIONS: Hypertension. DATE OF OPERATION: March 31, 1992

200 MAJOR FINDINGS OF OPERATION: Pneumonia. 210 MONTH, DAY, YEAR: March 31, 1992. 212 WAS CORONER OR MEDICAL EXAMINER NOTED? YES

220 SIGNATURE OF PHYSICIAN: Mary Conti-Swintonowski. 222 NAME AND ADDRESS OF CERTIFIER: Chicago Illinois 60616

230 SIGNATURE OF REGISTRAR: Virginia L. Parker. 232 DATE: APR 2 - 1992

235 LOCAL REGISTRAR SIGNATURE: Virginia L. Parker. 236 DATE: APR 2 - 1992

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO APR 2 - 1992 VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, 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.

GENERAL

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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Property of Cook County Clerk's Office