

# UNOFFICIAL COPY

COOK COUNTY  
RECORDER  
JESSE WHITE  
MARKHAM OFFICE

02/08/96

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## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

96122216

Order No. \_\_\_\_\_

SUSAN F. MITCHELL

being duly sworn

states that she resides at 17833 Hillside, in the Village of ~~Markham~~  
Homewood, Illinois

That she was acquainted with Frances K. Mitchell

deceased who, at the time of her death, was one of the owners of the land in Cook  
County, Illinois, described on the reverse side hereof.

That the deceased died July 31, 1995, 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 \_\_\_\_\_ statutory limits \_\_\_\_\_ dollars.

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

Subscribed and sworn to before me by the said

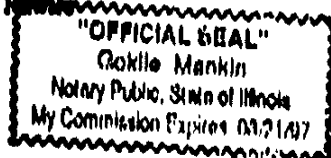
Susan F. Mitchell

this 1st day of December, A.D. 19 96

*Susan F. Mitchell*

Notary Public

*Susan F. Mitchell*  
(affiant's signature)



96122216

23.50

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Lot 14 in Block 14 in Dixmoor, being a Subdivision of the Northeast 1/4 of the Northeast 1/4 of Section 36, Township 36 North, Range 13, East of the Third Principal Meridian, also that part of the North 1/2 of the North 1/2 of Section 31, Township 36 North, Range 14, East of the Third Principal Meridian, lying West of a line described as follows: Beginning at the Northwest corner of the Northeast 1/4 of said Section 31, thence Southeasterly along the center line of the Dixie Highway produced to a point where said center line intersects the Westerly line of the Illinois Central Railroad Company's right of way, thence in a Southwesterly direction along said Westerly line of said right of way to the South line of the North 1/2 of the North 1/2 of said Section 31, according to the Plat thereof recorded June 6, 1927 as Document 9,675,674 in Cook County, Illinois

*M. L. T.*  
**BADER & DONKEL**  
ATTORNEYS AT LAW  
Suite 101  
20200 Governors Drive  
Olympia Fields, IL 60461

Cook County Clerk's Office

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REGISTRATION DISTRICT NO. 19-03 STATE OF ILLINOIS STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER 611

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)

1 FRANCES K. MITCHELL FEMALE JULY 31, 1995

COUNTY OF DEATH ADF. LAST BIRTHDAY (YHR) AGE UNDER 1 YEAR UNDER 1 DAY (DATE OF BIRTH (MONTH DAY YEAR))

4 COOK 5a 92 5b 92 5c 92 5d MARCH 9, 1903

CITY TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT EITHER, GIVE STREET AND NUMBER) PLACE OF DEATH OR INST. INDICATE D.O.A. OR OTHER (IF APPLICABLE) (SPECIFY)

6a CHICAGO HEIGHTS 6b ST. JAMES HOSPITAL 6c INPATIENT

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAKEN NAME, IF WIFE) WAS INCARCERATED EVER IN U.S. ARMED FORCES? (YES/NO)

7 CHICAGO, IL. 7a WIDOWED 7b NONE 7c NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SCHOOL GRADUATION GRADE COMPLETED)

10 318-46-8099 11a Housewife 11b OWN HOME 12 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. WARD OR CITY (YES/NO) COUNTY

13a 17633 HILLSIDE 13b HOMEWOOD 13c YES 13d COOK

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, NO. 1 (SPECIFY)) OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR OTHER)

13a ILLINOIS 13b 60430 14a WHITE 14b X NO ( ) YES SPECIFY:

FATHER - (M) FIRST MIDDLE LAST MOTHER - NAME FIRST MIDDLE (MOMEN) LAST

15 SOTER S. KERWIN 16 SUSAN T. COYLE

RELATIONSHIP (TYPE OR PRINT) MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a SUSAN MITCHELL 17b DAUGHTER 17c 17633 HILLSIDE HOMEWOOD, ILLINOIS

18. PART I. List the disease, or conditions 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 disease or condition resulting in death) (a) Massive stroke

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DUE TO, OR AS A CONSEQUENCE OF (c) 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) 18a NO 18b. NOTE: IF AN AUTOPSY PERFORMED, INDICATE DATE OF COMPLETION OF CAUSE OF DEATH (YES/NO) 18c.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b.

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES ( ) NO (X)

(1) (DO NOT) ATTEST THE DECEASED (MONTH DAY YEAR) AND LAST SAW HIM/her ALIVE ON

21a. JULY 30, 1995 21b. NO 21c. HOUR OF DEATH 9:05 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) 22b. 8-2-95

22a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

RAYMOND J. KAZMAR, M.D. 8808 W. U.S. HWY. OLYMPIA FIELD, IL 60451 36-51427

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE OCCURRENCE OR MEDICAL EXAMINER MUST BE NOTIFIED.

DR. SPERUSIFAN

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)

24a. BURIAL 24b. HOLY SEPULCHRE 24c. WORTH, ILLINOIS 24d. AUG. 3, 1995

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. RYAN FUNERAL HOME LTD. 18022 DIXIE HWY. HOMEWOOD, ILLINOIS 60430

FUNERAL DIRECTOR'S SIGNATURE (TYPE OR PRINT) FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. 25c. 034-011600

LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)

26a. 26b. August 2, 1995

VR200 (Rev. 5/83) Illinois Department of Public Health - Division of Vital Records 68800 ON 1989 U.S. STANDARD CERTIFICATE

96122216

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: AUG 02 1995 SIGNED: John M. [Signature]

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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Property of Cook County Clerk's Office

*Michael J. Bader*

**BADER & DONKEL**  
**ATTORNEYS AT LAW**  
Suite 101  
20200 Governors Drive  
Olympia Fields, IL 60461