

UNOFFICIAL COPY

STATE OF ILLINOIS )  
                                  ) ss  
COUNTY OF COGK )

COOK COUNTY  
RECORDS  
JESSIE J. ...  
MARRIAGE OFFICE

04/10/96

\*\*0002\*\*  
RECORDIN # 25.00  
POSTAGES # 0.50  
96291276 #  
0002 MCH 8:24

AFFIDAVIT BY SURVIVING JOINT TENANT

MABEL VOSS, being first duly sworn, upon oath deposes and states that she resides at 1141 Leavitt, Flossmoor, Illinois.

That she was acquainted with THEODORE VOSS, deceased, who, at the time of his death, was one of the owners of the property in Flossmoor, Cook County, Illinois, legally described as follows:

See reverse side for legal description

Address: 1141 Leavitt, Flossmoor, Illinois 60422  
Permanent Tax Index No.: 31-12-202-064-1009

That the deceased died October 25, 1988, as evidenced by a certified copy of death certificate of the deceased attached hereto, leaving no/a last will and testament.

That the total value of the estate of said decedent, 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 52,000 dollars.

Affiant states that she makes this affidavit for the purpose of inducing the Recorder of Deeds of Cook County, Illinois, to show on its records that title to the above property is in the name of the surviving Joint Tenant, relying on this statement as true, and in consideration thereof Affiant guarantees the truth of the statements herein contained.

Mabel Voss  
MABEL VOSS

SUBSCRIBED and SWORN  
to before me this 3 day  
of April, 1996.

A. Pamela Michael  
Notary Public

"OFFICIAL SEAL"  
A. Pamela Michael  
Notary Public, State of Illinois  
My Commission Expires 12/1/98

E. T. ...

This instrument prepared by and return to: LEONARD D. WALBERG, 15525 South Park Avenue,  
South Holland, Illinois 60473

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UNIT NO. 114 AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE: LOT 1 IN RESUBDIVISION OF LOTS 1 TO 8, BOTH INCLUSIVE, OF SUBDIVISION OF SOUTH 300 FEET OF LOT 1, IN BLOCK 2 IN WELLS AND NELLEARS SUBDIVISION OF THE NORTH 17 1/2 ACRES WEST OF ILLINOIS CENTRAL RAILROAD COMPANY OF THE NORTH EAST 1/4 OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY AMERICAN NATIONAL BANK OF CHICAGO, AS TRUSTEE UNDER TRUST AGREEMENT DATED JANUARY 10, 1972 AND KNOWN AS TRUST NUMBER 76407 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT 22628042 AND AMENDED BY DOCUMENT 22639249; TOGETHER WITH AN UNDIVIDED 2.183 PER CENT INTEREST IN SAID PARCEL (EXCEPTING FROM THE PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL OF THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION SURVEY) IN COOK COUNTY, ILLINOIS

Recorder's Office

STATE FILE  
96291276

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. 1634 REGISTERED NUMBER		DECEASED - NAME Theodore F. Voss		DATE OF DEATH - MONTH, DAY, YEAR October 25, 1988	
PLACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		SEX Male		COUNTY OF DEATH Cook	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Harvey		UNDER 1 YEAR 5b. 79		DATE OF BIRTH - MONTH, DAY, YEAR Feb 13, 1909	
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Ingalls Memorial Hospital		NAME OF SURVIVING SPOUSE - (INCLUDE NAME IF WIFE) Mabel Greene		IF HOSP. OR INST. INDICATE DOA OPER. RM. INPATIENT (SPECIFY) Inpatient	
STATE OF BIRTH - IF NOT U.S.A. Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		WAR OR DATES OF SERVICE None	
SOCIAL SECURITY NUMBER 320-01-7000		KIND OF BUSINESS OR INDUSTRY Soap Industry		COUNTY Cook	
RESIDENCE STREET AND NUMBER 1141 Leavitt		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Flossmoor		STATE IL	
FATHER - NAME Henry Voss		MOTHER - MAIDEN NAME Henrietta Gouwens		LOCAL	
INFORMANT NAME (TYPE OR PRINT) Margaret Maxwell		RELATIONSHIP None		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) One Ingalls Dr., Harvey, IL 60426	
DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Advanced cerebrovascular insufficiency with multiple cerebrovascular accidents (b) Arteriosclerotic cardiovascular heart disease		PART II. OTHER SIGNIFICANT CONDITIONS: (CONSTITUTE CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.) None		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
DATE OF OPERATION, IF ANY None		FINDINGS OF OPERATION None		AUTOPSY (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: <i>Sarah S. Bell</i> NAME AND ADDRESS OF CERTIFIER: August Paredes, M.D., 71 West 156th Street, Harvey, IL 60426 TYPE OR PRINT: August Paredes		WAS CORONER OR MEDICAL EXAMINER NOTIFIED YES / NO No		HOUR OR DATE 8:15 P.	
NAME OF A TENNIS PHYSICIAN IF OTHER THAN CERTIFIER None		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Homewood		DATE SIGNED - MONTH, DAY, YEAR Oct. 27, 1988	
CEMETERY OR CREMATORY - NAME Burial		LOCATION Homewood Memorial		ILLINOIS LICENSE NUMBER 36-35534	
FUNERAL HOME Jerome Zimny Funeral Home		STREET AND NUMBER OR R.F.D. 16774 Dixie Hwy. Hazel Crest, Ill. 60429		STATE IL	
LOCAL REGISTRAR'S SIGNATURE <i>Sarah S. Bell</i>		FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 31-5798		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Oct 27 1988	
LOCAL REGISTRAR'S SIGNATURE <i>Sarah S. Bell</i>		FURNERAL DIRECTOR'S SIGNATURE <i>Jerome Zimny</i>		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Oct 27 1988	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein 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.

DATED OCT 27 1988 SIGNED *Sarah S. Bell* LOCAL REGISTRAR AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois. County Clerks And Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health or the Local Registrar or the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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