

UNOFFICIAL COPY

97857521

3215 0005 90 000 1997 11-17 04:18:11
Cook County Recorder 2153

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS)
)
COUNTY OF COOK)

COOK COUNTY
RECORDS
JULY 1997
BRIDGEVIEW OFFICE

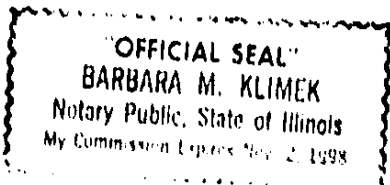
BARBARA J. DEAN being duly sworn states:

1. That she resides at 205 North Oakwood Avenue,
Willow Springs, IL 60480;
 2. That she was acquainted with WILLIAM DEAN,
who died on May 1, 1995, as evidenced by the attached certified
copy of Death Certificate;
 3. That said Decedent was one of the owners of land described:
 in the subject order number; or
XXX in the following legal description;
- SEE OVER FOR LEGAL DESCRIPTION -
4. That said Decedent died:
XXX leaving no last will and testament; or
 leaving a last will and testament, copy of which
is attached;
 5. That the total value of the estate of said Decedent for
State of Illinois inheritance tax and Federal estate tax purposes
does not exceed the sum of \$ 50,000.00.

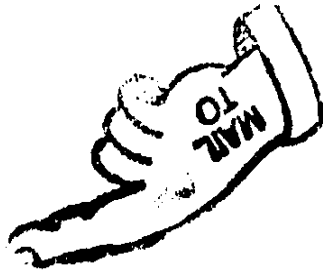
Barbara J. Dean
Barbara J. Dean, Affiant

SUBSCRIBED and SWORN to before me by the
said BARBARDA J. DEAN
this 23rd day of September, 1997.

Barbara M. Klimek
Notary Public



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DAVID C. DINEFF
7936 W. 87th ST.
JUSTICE, IL.
60458

Property of Cook County Clerk's Office

ADDRESS: 205 North Oakwood Avenue, Willow Springs 60480

P.I.N. 18-33-312-018-0000

Lots TEN (10, ELEVEN (11), THIRTEEN (13) and FOURTEEN (14) in Block NINE (9) in MOUNT FOREST subdivision in Section 33, Township 38 North, Range 12, East of the Third Principal Meridian, in COOK COUNTY, ILLINOIS

LEGAL DESCRIPTION:

UNOFFICIAL COPY 97857521

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 2 - 1995

I, SHEILA LYNE RSW, 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

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



MEDICAL CERTIFICATE OF DEATH

608315

REGISTRATION DISTRICT NO 16.10 STATE OF ILLINOIS

DECEASED NAME: WILLIAM DEAN LAST NAME: DEAN

AGE: 61

DATE OF DEATH: MAY 1, 1995

CITY/TOWN/TWP: COOK DISTRICT NO: 54

HOSPITAL/OTHER INSTITUTION: HOLY CROSS HOSPITAL

SEX: M

DATE OF BIRTH: JULY 20, 1933

USUAL OCCUPATION: CONTRACTOR

RELATIONSHIP: SON

CAUSE OF DEATH: Lung Carcinoma

DATE OF OPERATION: 4-30-95

NAME AND ADDRESS OF CERTIFIER: Roman R. Rozkozy, M.D., 6222 South Pulaski Road, Chicago, Illinois 60629

BURIAL OR CREMATION: CREMATION

NAME OF FUNERAL HOME: LACK & SONS FUNERAL HOME

STREET AND NUMBER OF RESIDENCE: 6541 S. KEDZIE AVE., CHICAGO, ILLINOIS 60629

REGISTRATION DISTRICT NO 16.10 STATE OF ILLINOIS

REGISTERED NUMBER 608315

DECEASED NAME WILLIAM DEAN LAST NAME DEAN

AGE LAST BIRTHDAY 61

DATE OF DEATH 3 MAY 1, 1995

CITY/TOWN/TWP OR ROAD DISTRICT NUMBER 54 COOK DISTRICT NO 54

HOSPITAL OR OTHER INSTITUTION NAME OF HOSPITAL OR OTHER STREET AND NUMBER HOLY CROSS HOSPITAL

SEX M

DATE OF BIRTH MONTH DAY YEAR JULY 20, 1933

HAS DECEASED BEEN MARRIED, DIVORCED, ANNUALLY SEPARATED, OR WIDOWED (CHECK ONE) MARRIED

USUAL OCCUPATION CONTRACTOR

RELATIONSHIP SON

CAUSE OF DEATH (1) DUE TO OR AS A CONSEQUENCE OF (2) DUE TO OR AS A CONSEQUENCE OF (3) DUE TO OR AS A CONSEQUENCE OF Lung Carcinoma

DATE OF OPERATION IF ANY 4-30-95

NAME AND ADDRESS OF CERTIFIER Roman R. Rozkozy, M.D., 6222 South Pulaski Road, Chicago, Illinois 60629

BURIAL OR CREMATION CREMATION

NAME OF FUNERAL HOME LACK & SONS FUNERAL HOME

STREET AND NUMBER OF RESIDENCE 6541 S. KEDZIE AVE., CHICAGO, ILLINOIS 60629

STATE OF ILLINOIS

MAY 2 1995

BSM