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97059932



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

2350
P 20
a
n

DIANA McHALE

being duly sworn

states that she resides at 10901 Linn Court, LaGrange, IL 60525 in the City of _____

That she was acquainted with MARTIN JAMES McHALE

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 20 IN ACACIA ACRES, A SUBDIVISION OF PART OF THE SOUTH 78 ACRES OF THE SOUTH WEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING TO THE PLAT RECORDED 10/6/55 AS DOCUMENT 16384258 IN COOK COUNTY, ILLINOIS

and known as: 10901 Linn Court, LaGrange, IL

18-17-367-007

(46765)
TITLE SERVICES # RJ-1809 10/2

That the deceased died December 18, 1992, 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 Cook County 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 One Hundred Fifty Thousand 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

Diana McHale

prepared
Pinnacle Bank
545 Sherwood
LaGrange, IL 60525

this 2 day of January, A.D. 1997

Doreen Seidel

Notary Public

Diana McHale

(affiant's signature)

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Property of Cook County Clerk's Office

DEPT-01 RECORDING \$23.50
140001 TRAN 8057 01/28/97 09:24:00
48070 RC *-97-059932
COOK COUNTY RECORDER
DEPT-10 PENALTY \$20.00

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DuPage County Health Department

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 22.0E

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 4345

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physician Handbook for INSTRUCTIONS

DECEASED

1. DECEASED-NAME FIRST MIDDLE LAST: Martin James McHale
 SEX: 2 Male
 DATE OF DEATH MONTH, DAY, YEAR: 3 December 18, 1992

4. COUNTY OF DEATH: DuPage
 AGE-LAST BIRTHDAY (M/D/YY): 5a. 60
 UNDER 1 YEAR: 12a. MONTHS, 12b. DAYS
 UNDER 1 DAY: 12c. HOUR, 12d. MIN
 DATE OF BIRTH MONTH, DAY, YEAR: 8d. November 14, 1926

6a. HINSDALE
 6b. Monticello Conv. Center
 IF HOME OR REST, INDICATE ODA, OPERATOR, AND PRESENT FACILITY: 8c. Inpatient

7. CHICAGO, IL.
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. Married
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WYF): 8b. Diana Mitchell
 HAS DECEASED EVER BEEN IN ARMED FORCES BY (YEAR): 8. Yes

10. 353-20-7607
 USUAL OCCUPATION: 11a. Sales
 KIND OF BUSINESS OR INDUSTRY: 11b. Retail
 EDUCATION (SPECIFY ONLY HIGH SCHOOL COMPLETED): 12. 12

13a. 10901 Linn Court
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. LaGrange
 INSIDE CITY (YES/NO): 13c. Yes
 COUNTY: 13d. Cook

STATE: 13e. Illinois
 ZIP CODE: 13f. 60525
 RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE): 14a. White
 OF HISPANIC ORIGIN? (SPECIFY HOW: YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): 14b. XX NO, 14c. YES SPECIFY:

PARENTS

15. Martin Patrick McHale
 16. Lillian Weinecke

17a. Diana McHale
 17b. Wife
 17c. 10901 Linn Ct., LaGrange, IL.

CAUSE

18. PART I. Enter the disease, or complications 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.
 (a) Malignant Melanoma
 (b) DUE TO OR AS CONSEQUENCE OF
 (c) 3 years

19. PART II. Give medical history immediately preceding death, if in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY
 20b. MAJOR FINDINGS OF OPERATION
 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. 12/11/1992
 21b. NO
 21c. 10:55 A.M.
 21d. 12/18/1992

CERTIFIER

22a. Elyse Schneidermann MD
 22b. 333 Chestnut, Hinsdale, IL. 60521
 22c. 636-067739
 22d. 634-13645

DISPOSITION

23a. entombment
 23b. Queen of Heaven
 23c. Hillside IL
 23d. Dec. 21, 1992

24a. Elliston Funeral Home
 24b. 60 S. Grant Street
 24c. Hinsdale IL
 24d. 60521

25a. Edward Olenec
 25b. (Edward Olenec)
 25c. 634-13645

26a. Ellen B. McConley
 26b. DEL 18 1992

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DATE ISSUED: FEBRUARY 21, 1996

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health

James C. Hagen Local Registrar

Not valid without the embossed seal of DuPage County Health Department 111 North County Farm Road Wheaton, Illinois 60187

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