UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

97071454

DEPT-01 RECORDING $23.50
T#0014 TRAN 0866 01/31/97 14:19:00
#0947 # JW *-97-071454
COOK COUNTY RECORDER

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Order No. 7015-40

THE ABOVE SPACE FOR RECORDER'S USE ONLY

ANITA GRUBE being duly sworn states that SHE resides at 9132 S. MENARD in the City of OAK LAWN, IL.

That SHE was acquainted with FRED W. GRUBE deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

LOT 5 IN LYNWOOD, A SUBDIVISION OF THE EAST HALF OF THE EAST HALF OF THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

97071454

PIN # 24-05-418-021

REAL ESTATE COMMONLY KNOWN AS: 9132 S. MENARD, OAK LAWN, IL 60453

CHICAGO TITLE SERVICES, INC
7015-40

That the deceased died 5-10-94 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- [x] 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 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 does not exceed the sum of _____ 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 ANITA GRUBE this 28 day of JANUARY A.D. 1997.

Mary Anne Hackett
Notary Public

"OFFICIAL SEAL"
Mary Anne Hackett
Notary Public State of Illinois
My Commission Expires Sept. 9, 1998

Anita Grube
(Affiant's Signature)

D_JT_AFF Ver 1.0 Rev 7/95

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Property of Cook County Clerk's Office

97047046

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 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 birth, stillborns and deaths.

DATE MAY 11,1989 SIGNED Jane Shutter

At Cook County Department of Public Health Offical Title Chief Deputy Registrar
1500 South Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO. 1610

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED-NAME FIRST Fred MIDDLE W. LAST Grube
2. SEX Male
3. DATE OF DEATH (MONTH, DAY, YEAR) May 10, 1989
4. COUNTY OF DEATH Cook
5a. AGE-LAST BIRTHDAY (YRS) 82
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
6d. DATE OF BIRTH (MONTH, DAY, YEAR) SEPT. 22, 1906
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER Oak Lawn
6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Christ Hospital & Medical Center
6c. IF HOSP OR INST INDICATED DOA OR ENTER IN INPATIENT (SPECIFY) Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GERMANY
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) ANITA WARNKE
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES OR NO) YES
10. SOCIAL SECURITY NUMBER 338-10-8714
11a. USUAL OCCUPATION (KIND) CARPET CUTTER
11b. KIND OF BUSINESS OR INDUSTRY CARPET INST.
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) 8 College (1-4 or 5+)
13a. RESIDENCE (STREET AND NUMBER) 9132 So. Menard
13b. CITY, TOWN, OR ROAD DISTRICT NO. Oak Lawn
13c. INSIDE CITY (YES OR NO) YES
13d. COUNTY Cook
13e. STATE ILL
13f. ZIP CODE 60453
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc) (SPECIFY) WHITE
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES. IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) [X] NO [ ] YES SPECIFY
15. FATHER-NAME FIRST KARL MIDDLE LAST GRUBE
16. MOTHER-NAME FIRST JOHANNA MIDDLE LAST RATZKE
17a. INFORMANT'S NAME (TYPE OR PRINT) ANITA GRUBE
17b. RELATIONSHIP Wife
17c. MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 9132 S. MENARD OAKLAWN, IL 60453

18. PART I. Enter the diseases, injuries, 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.

Immediate Cause (Final disease or condition resulting in death) (a) Respiratory Failure — Days

DUE TO, OR AS A CONSEQUENCE OF (b) Carcinomatosis of Lung — Years

DUE TO, OR AS A CONSEQUENCE OF (c) Insulin Dependent Diabetes Mellitus — Years

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES OR NO) No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES OR NO)

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. I (DID) (DID NOT) VIEW THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 5-10-89
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES OR NO) No
21c. HOUR OF DEATH 3:55 P M

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22. SIGNATURE ▶ Mark Kanaris M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR) 5-11-89
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Mark Kanaris, M.D., 4340 W.95th St., Oak Lawn, Il. 60453
22d. ILLINOIS LICENSE NUMBER 38173

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
24b. CEMETERY OR CREMATORY-NAME 1ST EVAN. LUTH.
24c. LOCATION CITY OR TOWN Alsip STATE ILL
24d. DATE (MONTH, DAY, YEAR) MAY 13, 89
25a. FUNERAL HOME NAME Schmaedeke Funeral Home STREET AND NUMBER OR R.F.D. 10701 S. Harlem CITY OR TOWN Worth STATE IL ZIP 60482
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ Richard Schmaedeke
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 6974
26a. LOCAL REGISTRAR'S SIGNATURE ▶ KAREN L. SCOTT M.D. REGISTRAR
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 11, 1989

(Rev 1/89) Illinois Department of Public Health - Office of Vital Records (REPLACES PREVIOUS STANDARD CERTIFICATE)

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Property of Cook County Clerk's Office

97072154