



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

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

DOROTHY MALTHE being duly sworn  
states that she resides at 3751 North Newland Avenue, Chicago, IL 60634 in the City of  
Chicago, IL

That she was acquainted with HARVEY MALTHE  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:

LOT 10 (EXCEPT THE NORTH 59 FEET THEREOF AND EXCEPT THE SOUTH 30 FEET THEREOF) IN  
BLOCK 3 IN W. F. KAISER AND COMPANY'S ADDISON HEIGHTS SUBDIVISION, BEING A SUBDIVISION  
OF THE SOUTH HALF OF THE NORTH WEST QUARTER OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 13  
EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

P.I.N. 13-19-124-003-0000

c/k/a 3751 North Newland, Chicago, IL 60634

COOK COUNTY  
RECORDER  
JESSE WHITE  
ROLLING MEADOWS

That the deceased died August 11, 1978, 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 \_\_\_\_\_

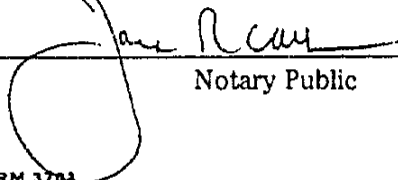
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

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

DOROTHY MALTHE

this 31st day of August, A.D. ~~1997~~ 1998

  
Notary Public



Dorothy Malthe  
(affiant's signature)

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JAN 14 2010  
CLERK OF COURT  
COURT HOUSE  
CHICAGO, ILL.

STATE FILE NUMBER 617725

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO 16-10	REGISTRIERED NUMBER	DECEASED - NAME Harvey Malthé	LAST NAME Malthé	SEX 2. Male	DATE OF DEATH 3. August 11, 1978
1. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. white		AGE - LAST BIRTHDAY (M, D, Y) 5a. 57		UNDER 1 YEAR 5b. 1	DATE OF BIRTH (MO., DAY, YEAR) 6. Nov. 13, 1920
CITY, TOWN, ETC., OR ROAD DISTRICT NUMBER 7c. Chicago		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN HOME, GIVE STREET ADDRESS) Northwest Hospital		COUNTY OF DEATH 7d. Cook	
CITIZENSHIP OF WHAT COUNTRY 8. U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK) 10. Married		NAME OF SURVIVING SPOUSE (GIVEN NAME IF ALIVE) 11. Dorothy Korkowski	
SOCIAL SECURITY NUMBER 12. 1245-14-5724		KIND OF BUSINESS OR INDUSTRY 13a. Drill Press Operator		U.S. WAR VETERAN 13c. Yes	
RESIDENCE STREET AND NUMBER 14a. 3751 N. Newland		CITY, TOWN, ETC., OR ROAD DISTRICT NO. 14b. Chicago		WAR OR DATES OF SERVICE 13d. W.W.II	
FATHER - FIRST MIDDLE LAST 15. Haakon - Malthé		MOTHER - MAIDEN NAME 16. Minnie - Miller		STATE 14d. Illinois	
INFORMANT'S SIGNATURE 17a. <i>Janelle Miller</i>		MAPPING ADDRESS 17b. 175645 W. Addison St., Chicago, Illinois		MIDDLE INITIAL 17c. 60634	
DEATH WAS CAUSED BY 18. IMMEDIATE CAUSE (a) CARCINOMA Left LUNG WITH METASTASIS (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF		[ENTER ONLY ONE CAUSE PER LINE FOR (B), (C), AND (D)]		MIDDLE INITIAL 17c. 60634	
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY (YES, NO)		18a. No	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		18b. No	
DATE DECEASED FROM 21a. FEB 15 1970		DATE AND PLACE OF DEATH 21b. AUG 11, 1978		HOUR OF DEATH 21d. 9:30 P.M.	
NAME AND ADDRESS OF CERTIFIER 22a. Phillip Casella, 7158 W. Addison St., Chicago, Illinois 60634		DATE SIGNED 22b. AUG 12 1978		ILLINOIS LICENSE NUMBER 22c. 36-27864	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY - NAME 24b. Memorial Estates		CITY OR TOWN 24c. Northlake, Illinois	
FURNERAL HOME 25a. The Montclair Funeral Home 6901 W. Belmont Ave Chicago, Ill-60634		STREET AND NUMBER OR R.F.D.		STATE 24c. Illinois	
FURNERAL DIRECTOR'S SIGNATURE 25b. <i>James J. Brown</i>		FURNERAL HOME'S ILLINOIS LICENSE NUMBER 25c. 3959		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25d. AUG 13 1978	
SOCIAL SECURITY NUMBER'S SIGNATURE 26a. <i>Murray C. Brown</i>		CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 311 CONCOURSE LEVEL, CHICAGO 60602		DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. AUG 13 1978	

AUGUST 25, 1978

STATE OF ILLINOIS }  
COUNTY OF COOK }  
CITY OF CHICAGO } SS

I, Murray C. Brown, M.D., 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

*Murray C. Brown*  
LOCAL REGISTRAR

This Certified Copy VALID  
When MULTICOLOR SEAL AND  
BLUE SIGNATURE ARE AFFIXED.

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