

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

P.O. BOX 827, WHEATON, IL 60189-0827

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No.: 1410 CSMITH DT

ANN M SALVADOR

being duly sworn states that SHE resides at 8717 AVERS AVE in the City of SKOKIE

That she was acquainted with Lawrence I. Salvador deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as: THE SOUTH 20 FEET OF LOT 12 AND ALL OF LOT 13 IN BLOCK 4 IN DEMPSTER CRAWFORD MANOR A SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 23 TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF EAST PRAIRIE ROAD, ROAD IN COOK COUNTY, ILLINOIS.

PIN # 10-23-102-042-0000

98863077

1998-09-25 12:06:52 Cook County Recorder 43.00

That the deceased died June 8, 1998, 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.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of

BOX 333-CTI

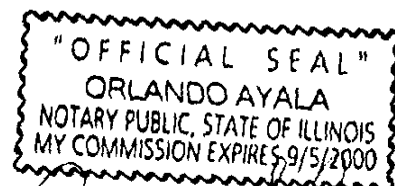
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$10.00 dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

ANN M SALVADOR, AFFIANT

this 23rd day of Septmeber, A.D. 19 98



Orlando Ayala
Notary Public

Ann Salvador
(Affiant's Signature)

mail to: Rest America 2015 State St PO Box 307
HARRISBURG, PA 17104

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE JUN 9 1998 SIGNED Zawell Huchelberry
 AT SKOKIE, Illinois OFFICIAL TITLE DIRECTOR OF HEALTH

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.36
 REGISTERED NUMBER 16762
 DECEASED-NAME Lawrence FIRST MIDDLE LAST
 COUNTY OF DEATH Cook
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Skokie
 AGE LAST BIRTHDAY (MRS) 1. 77 UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN DATE OF BIRTH (MONTH DAY YEAR) July 12, 1920
 SEX Male
 DATE OF DEATH (MONTH DAY YEAR) June 8, 1998
 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NETHER, GIVE STREET AND NUMBER) Rush North Shore Medical Center
 NAME OF SURVIVING SPOUSE (GIVEN NAME & MARRIAGE) Never Married
 DEED OF BIRTH OR INDUSTRY Not Apply
 EDUCATIONAL SPECIFICATION (HIGHEST GRADE COMPLETED) 4
 INSIDE CITY (YES/NO) Yes
 COUNTY Cook
 IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO
 IF DECEASED OR NOT, INDICATE D.O.A. (DECEASED OR NOT) (YES/NO) NO
 IF DECEASED OR NOT, INDICATE D.O.A. (DECEASED OR NOT) (YES/NO) NO
 IF DECEASED OR NOT, INDICATE D.O.A. (DECEASED OR NOT) (YES/NO) NO
 IF DECEASED OR NOT, INDICATE D.O.A. (DECEASED OR NOT) (YES/NO) NO

1. 111010 2. 60076 3. White 4. White 5. White 6. White 7. White 8. White 9. White 10. White 11. White 12. White 13. White 14. White 15. White 16. White 17. White 18. White 19. White 20. White 21. White 22. White 23. White 24. White 25. White 26. White 27. White 28. White 29. White 30. White 31. White 32. White 33. White 34. White 35. White 36. White 37. White 38. White 39. White 40. White 41. White 42. White 43. White 44. White 45. White 46. White 47. White 48. White 49. White 50. White 51. White 52. White 53. White 54. White 55. White 56. White 57. White 58. White 59. White 60. White 61. White 62. White 63. White 64. White 65. White 66. White 67. White 68. White 69. White 70. White 71. White 72. White 73. White 74. White 75. White 76. White 77. White 78. White 79. White 80. White 81. White 82. White 83. White 84. White 85. White 86. White 87. White 88. White 89. White 90. White 91. White 92. White 93. White 94. White 95. White 96. White 97. White 98. White 99. White 100. White

FATHER-NAME FIRST MIDDLE LAST Graciano Salvador RELATIONSHIP Sister MARRIAGE ADDRESS (STREET AND OR IF D. CITY OR TOWN, STATE ZIP) 170 Sister 170 8716 Avers Ave. Skokie, IL 60076
 MOTHER-NAME FIRST MIDDLE LAST Emilia Hasbun
 17a. Ann Salvador 17b. Sister 17c. 8716 Avers Ave. Skokie, IL 60076
 18. PART I: Ann Salvador 18. PART II: Sister

19. Illinois 20. 60076 21. White 22. White 23. White 24. White 25. White 26. White 27. White 28. White 29. White 30. White 31. White 32. White 33. White 34. White 35. White 36. White 37. White 38. White 39. White 40. White 41. White 42. White 43. White 44. White 45. White 46. White 47. White 48. White 49. White 50. White 51. White 52. White 53. White 54. White 55. White 56. White 57. White 58. White 59. White 60. White 61. White 62. White 63. White 64. White 65. White 66. White 67. White 68. White 69. White 70. White 71. White 72. White 73. White 74. White 75. White 76. White 77. White 78. White 79. White 80. White 81. White 82. White 83. White 84. White 85. White 86. White 87. White 88. White 89. White 90. White 91. White 92. White 93. White 94. White 95. White 96. White 97. White 98. White 99. White 100. White

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