



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Order No. _____

Thomas J. Schneider being duly sworn states that _____
resides at 3840 N. Plainfield Ave. in the City of Chicago, Illinois.

That he was acquainted with Eleanore Schneider
deceased, who at the time of her death, was one of the owners of
the land in Cook County, Illinois, as described
as:

LEGAL DESCRIPTION ON EXHIBIT "A"

That the deceased died 9/18/1998, as evidenced by a
certified copy of death certificate of the deceased attached
thereto.

That the deceased died:

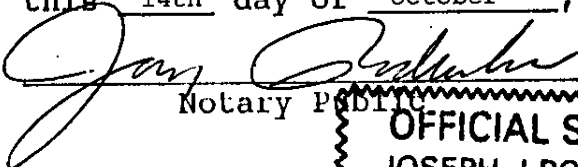
x Leaving no Last Will & Testament.

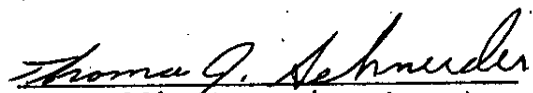
_____ Leaving a Last Will & Testament, a copy of which is
attached hereto. The original of the unproven will
should be filed with the Clerk of the Probate
Division of the a Circuit Court of _____
County, Illinois.

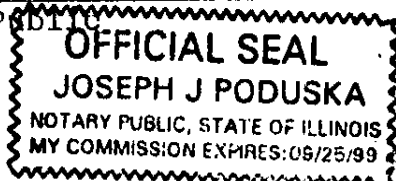
_____ Leaving a Last Will & Testament which was filed in
the Unproven Will Box of the Probate Division of
the Circuit Court of _____ County, Illinois
about _____.

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
deceased, does not exceed the sum of 150,000.00 dollars.

SUBSCRIBED and SWORN to before me
this 14th day of October, 1998.


Notary Public


(Affiant's signature)



UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date SEP 21 1998

Signed Nadine McCurry

At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street, Suite 300 Oak Park, Illinois 60301

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>16.0</u>	REGISTERED NUMBER	DECEASED-NAME Eleanor	FIRST Schneider	MIDDLE Schneider	LAST Schneider	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3 September 18, 1998
COUNTY OF DEATH Cook		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Norridge		AGE-LAST BIRTHDAY (YRS) 91		DATE OF BIRTH (MONTH, DAY, YEAR) 5d June 16, 1907	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Norridge		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Norridge Nursing Center		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None		IF HOSP. OR INST. PATIENT, SPECIFY (IF HOSP. OR INST. PATIENT)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Salsburg, Austria		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		NAME OF BUSINESS OR INDUSTRY At Home		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) High School	
SOCIAL SECURITY NUMBER 10-323-34-5757		USUAL OCCUPATION Housewife		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		INSIDE CITY (YES/NO) Yes	
RESIDENCE (STREET AND NUMBER) 3840 N. Plainfield		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) Yes		COUNTY Cook	
STATE Illinois		ZIP CODE 60634		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) White		SPECIFY (MAIDEN) LAST Schade	
FATHER-NAME Otto		MIDDLE Schade		LAST Schade		MOTHER-NAME Gertrude	
INFORMANT'S NAME (TYPE OR PRINT) Thomas Schneider		RELATIONSHIP Son		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 3840 N. Plainfield, Chicago, 11160634		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. PART I. Enter the diseases, 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) Coronary Heart Failure							
(a) DUE TO, OR AS A CONSEQUENCE OF							
(b) DUE TO, OR AS A CONSEQUENCE OF							
(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not resulting in an underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20a. 8/31/98		20b. Coronary Heart Failure		19a. No		20c. No	
20a. (VOID) OR FOR ATTEND THE DECEASED AND LAST KNOWN WHERE ALIVE ON		20b. (MONTH, DAY, YEAR)		20c. (MONTH, DAY, YEAR)		20d. (MONTH, DAY, YEAR)	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. 2:20 P.M.		21c. 9/18/98		21d. 9-22-1998	
22a. SIGNATURE OF CERTIFIER Calvin T. Meineke		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 200 Lake, Suite 125, Oak Park, IL 60301		22b. ILLINOIS LICENSE NUMBER		22c. 036-064886	
22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22d. DATE SIGNED		22e. ILLINOIS LICENSE NUMBER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CENETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN	
24a. Burial		24b. St Joseph		24c. River Grove, 1111015		24d. Illinois	
24a. FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
25a. Schielka Addison		Street Funeral Home LTD, 7710 W. Addison St, Chicago, 111 60634		25b. FUNERAL DIRECTOR'S SIGNATURE		25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25a. Scott, M.D.		25b. Scott, M.D.		25c. Sept. 21 1998		25d. ILLINOIS LICENSE NUMBER	
26a. REGISTRAR		26b. REGISTRAR		26c. REGISTRAR		26d. REGISTRAR	

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

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EXHIBIT A

Lot 7 in Block 6 in Feuerborn and Klode's Irvingwood, being a Subdivision of the West 1/2 of the North East 1/4 of Section 23, Township 40 North, Range 12, East of the Third Principal Meridian in Cook County, Illinois.

Permanent Index No. 12-23-209-027-0000

Common Address: 3840 N. Plainfield, Chicago, Illinois 60634

This Document prepared by:

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After recording mail to:

Joseph J. Poduska
Attorney at Law
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