

UNOFFICIAL COPY

98974637

2034/0312 03 001 Page 1 of 2
1998-10-29 13:10:07
Cook County Recorder 43.00



Chicago Title Insurance Company



98974637

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. #98001090

FLORENCE K. BYRNS

being duly sworn

states that SHE resides at 2501 ORION AVE. in the City of SAUK VILLAGE

That SHE was acquainted with WILLIAM T. BYRNS

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

LOT 34 IN INDIAN HILL SUBDIVISION UNIT NO. 1, ACCORDING TO THE PLAT THEREOF RECORDED OF SAID SUBDIVISION RECORDED MAY 28, 1957 AS DOCUMENT 16916761 OF PLATS PAGE 49, IN SECTION 25, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

32-25-406-010

BOX 333-CTI

mailed to
Advance Bank
2320 Thornton Rd
Lombard, IL
as evidenced by a
60488

That the deceased died FEBRUARY 19, 1983 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

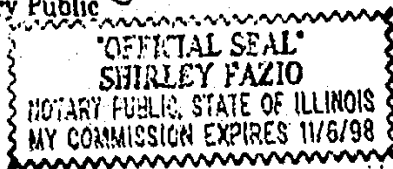
FLORENCE K. BYRNS

this 19TH day of OCTOBER, A.D. 19 98

Shirley Fazio
Notary Public

Florence K. Byrns
(affiant's signature)

FLORENCE K. BYRNS



COUNTY RECORD

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 10.04 REGISTERED NUMBER 68

VS & R 200 (1933 Revised) Bureau of the U.S. Standard Certificate of Death

1. PLACE OF DEATH a. COUNTY Cook		2. USUAL RESIDENCE (Where decedent lived if resident for 1 year before admission.) b. STATE Illinois	
b. Death took place <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named as follows		c. Residence was <input type="checkbox"/> OUTSIDE city limits and in TOWNSHIP. <input checked="" type="checkbox"/> INSIDE city limits and in the city, village, or town named as follows	
c. CITY, VILLAGE, OR TOWN Harvey		d. CITY, VILLAGE, OR TOWN Bank Village	
e. NAME OF HOSPITAL OR INSTITUTION Ingalls Memorial		f. STREET ADDRESS 2801 Orion Ave.	
3. NAME OF DECEASED a. (FIRST) William b. (MIDDLE) - c. (LAST) Byras		4. DATE OF DEATH February 19, 1963	
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1918
9. AGE (in years and birthday) 44	10. UNDER 1 year MONTHS DAYS	11. UNDER 24 hrs. HOURS MIN.	12. CITIZEN OF WHAT COUNTRY U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired) Engineer		10b. KIND OF BUSINESS OR INDUSTRY Paper Board	
11. BIRTHPLACE (City and state or foreign country) Sault Ste. Marie, Michigan		12. Citizen of what country U.S.A.	
13. FATHER'S FULL NAME William Northcott Byras		14. MOTHER'S FULL MAIDEN NAME Inez Grace Price	
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) If yes, give year or dates of service. Yes World War II		16. SOCIAL SECURITY NUMBER 93-14-4896	
17. INFORMANT SIGNATURE Dorothy Lambert		18. ADDRESS Harvey, Illinois	
19. RELATIONSHIP TO DECEASED None		20. CAUSE OF DEATH	
PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (A), (B), and (C).) IMMEDIATE CAUSE (A) Broncho Pneumonia due to (B) Chronic Bronchitis - Emphysema due to (C)		INTERVAL BETWEEN ONSET AND DEATH 2 days Several years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). None			
21. I hereby certify that I attended the deceased from Feb. 19, 1963 to Feb. 19, 1963 , that I last saw the deceased alive on Feb. 19, 1963 , and death occurred at 8:10 P.M. from the causes and on the date stated above. DATE SIGNED William Richetta M.D. ADDRESS 15 Plaza, Park Forest, Ill. PHONE PI. 8-6881			
22. DISPOSITION: BURIAL REMOVAL (DATE) 2-23-63 CEMETERY Allouez LOCATION Green Bay, Wisconsin		23. FIRM NAME Spindler Keeling Co. ADDRESS 1440 Otto Blvd., Chicago Heights, Illinois SIGNATURE Clarence E. Keeling LICENSE NUMBER 2001	
24. Received for filing on 2-23-63		LOCAL REGISTRAR Robert K. Bentley	

FILE IN WITH TYPEWRITER OR LEGIBLE PRINTING

THE AUTHORITY OF ILLINOIS

STATE OF ILLINOIS, } ss.
County of Cook, }

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.