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Cook County Recorder 43.50

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } ss.
COUNTY OF _____ }

ORDER NO. _____
DATE: _____

BARBARA J SCHULTZ, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 8500 W 91ST ST in the City of HICKORY HILLS;

That the decedent at the time of his/her death was an owner of the property located in COOK County, Illinois, legally described as follows:

LOT 30 IN PILLIS HICKORY HILLS ADDITION, OF THE S 1/2 OF THE E 1/2 OF THE NW 1/4 AND THE E 1/4 OF THE N 1/2 OF THE S 1/2 OF THE E 1/2 OF THE E 1/2 OF THE NW 1/4 OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS, ON 5/16/1958 AS DOCUMENT #1796188

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RE: TITLE SERVICES # 560778
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23-02-103-006

That she was acquainted with Earl Schultz deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described above.

That said decedent died on 11-14-92 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ NA;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce TITLECOMPANY to issue its Policy of Title Insurance on the above described property.



Signature Barbara J. Schultz
SUBSCRIBED AND SWORN TO before me
this 9 day of January 1998
a Notary Public in and for said State and County.
Ann M. Ethell

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

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 statues relating to the registration of births, stillbirths and deaths.

Date November 16, 1992 Signed Lolita Maxwell

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

STATE OF ILLINOIS
MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0
REGISTERED NUMBER 757
DECEASED - NAME EARL SCHULTZ

1. COUNTY OF DEATH COOK
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PALOS HTS
3. AGE - LAST BIRTHDAY (YRS) 50
4. SEX MALE
5. DATE OF BIRTH (MONTH DAY YEAR) OCT. 4 1942
6. DATE OF DEATH (MONTH DAY YEAR) NOV. 14 1992

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) PALOS COMMUNITY HOSPITAL
8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) BARBARA
9. NAME OF SURVIVING SPOUSE (M, W, F, M, D, F, Y, N) BARBARA
10. SOCIAL SECURITY NUMBER 327-34-5602
11. KIND OF BUSINESS (HAND, USURY, Etc.) Electrician
12. EDUCATION (SPECIFY OR INVESTIGATOR'S BEST GUESS) GRADUATE

13. RESIDENCE (STREET AND NUMBER) 8500 W. 91st ST
14. CITY, TOWN, OR ROAD DISTRICT NO. HICKORY HILLS
15. FATHER - NAME FIRST MIDDLE LAST EARL A. SCHULTZ
16. MOTHER - NAME FIRST MIDDLE LAST RUTH STAHLKE

17. INFORMANT (NAME TYPE OR PRIOR) BARBARA SCHULTZ
18. PART I. State the disease, injury, or circumstances that caused the death. Date, time, or mode of dying, such as cardiac respiratory arrest, shock, or cerebral anoxia or asphyxia. (a) IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) ARTERIOSCLEROTIC HEARTDISEASE
(b) DUE TO, OR AS A CONSEQUENCE OF HEARTDISEASE
(c) DUE TO, OR AS A CONSEQUENCE OF

19. NATURAL ACCIDENT, HOI, HIDE, SUICIDE, UNDETERMINED, (SPECIFY) NATURAL
20. DATE OF INQUIRY (MONTH DAY YEAR) NOVEMBER 14 1992
21. HOUR M
22. HOW INQUIRY OCCURRED (ENTER NATURE OF INQUIRY MENTIONED IN FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) AT HOME

23. LOCATION (CITY, VIL, OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE) COOK COUNTY, ILLINOIS
24. THE DECEASED WAS PRONOUNCED DEAD ON NOVEMBER 14 1992
25. DATE SIGNED (MONTH DAY YEAR) NOVEMBER 14 1992
26. TIME SIGNED (MONTH DAY YEAR) 7:00 AM

27. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE EXAMINATION OF THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND AS TO THE CAUSE(S) STATED, AND THAT NOVEMBER 14 1992
28. PHYSICIAN'S SIGNATURE Eupol Over MD
29. PHYSICIAN'S SIGNATURE Eupol Over MD
30. PHYSICIAN'S SIGNATURE Eupol Over MD

31. BIRTHAL CREMATION, REMOVAL (SPECIFY) REBURIAL
32. CEMETERY OR CREMATORY - NAME RESURRECTION
33. LOCATION (CITY/TOWN, STATE) JUSTICE
34. DATE (MONTH DAY YEAR) NOVEMBER 11 1992

35. FUNERAL HOME LACK & SONS
36. STREET AND NUMBER OR R.F.D. 4236 S ROBERTS RD
37. CITY OR TOWN HICKORY HILLS, IL
38. STATE IL
39. ZIP 60457
40. LOCAL REGISTRAR'S SIGNATURE KAREN C SCOTT, M.D.
41. DATE SIGNED (MONTH DAY YEAR) NOVEMBER 16 1992
42. LOCAL REGISTRAR'S SIGNATURE KAREN C SCOTT, M.D.
43. DATE SIGNED (MONTH DAY YEAR) NOVEMBER 16 1992