4724/0065 18 001 Page 1 of

1999-04-30 11:18:39

Cook County Recorder

1820 FIDGE AVENUE EVANSTON, 3, 60201 (AZT TON 664 9000 - FAX 708 401 6977



DECEASED JOINT TENANCY AFFIDAVIT



>~! W			
STATE OF ILLINOIS	ss.	Order No. <u>69198</u> 5	
COUNTY OF		Order No. <u>09198</u>	<u></u>
- SARAH A GROVES		· · · · · · · · · · · · · · · · · · ·	being duly sworn
states that SHE reside	s at 1642 W. MONTY	ALE	in the City of
CHICAGO			
ThatSHEwas ac	quainted with _GEORGE	E. GROVES	
· ()		as one of the owners of the l	end in
County, Illinois, described as	~		0
LOTS 47 AND 48 IN BLOC 18, 19 AND 20, TOWNSHI IN COOK COUNTY, ILLINO	PP3 / NORTH, RANGE	N HTS., BEING A SUBDIVE 14, EAST OF THE THIRE	rision in sections of principal meridian.
PIN # 25-19-213-045 an	d 25-19-213-045	REI TITLE SERVI CES	# 69/985 PA
The the decision of the			Mr. >
That the deceased died certified copy of death certified		atticiled hereto.	, as evidenced by a
That the deceased died		4/2	
Leaving no Last Wil	I & Testament.		•
☐ Leaving a Last Will	& Testament a copy (of which is attached hereto.	The original of the unproven will
			ant of
			ynty, Illinois.
Leaving a Last Will	& Testement which v	vas filed in the Unproven W	il Box of the Probate Division of
			County, Illinois about
That the total value of	the estate of the dece	ased, including both real and	personal procerty owned by the
daceased either individually	or in joint tenancy at th	e time of the death of the dece	eased, does not exceed the sum of
			dollars.
Glo	FICIAL SEAL* ria Del Rosme, the by the s	"OFFICIAL SEAL" Gloria Del Bosque Notary Public, State of Illinois My Commission Expires 3-4-03	·
this 23rd day of API	llBosque	19 99	and Geores
/ Notar	y Public $ {\cal V} $. (Al	Yiant's Signature;

IL, 6005.

Standard Buk ATRUST Co. 2400 W. 95th St. EVersteen Park

99415826

HEREBY CERTIFICATE the foregoing is a rule and correct copy of the death record for the decedent name at ITEM I and that this record was established and file in my

registration of birth, fetal deaths and deaths.

DANVILLE, ILLINOIS Date 9-8-95

Signed Stephen Saker p S

OFFICIAL TITLE - LOCAL REGISTRA

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS						
DISPOSITION	P Z 5 4	PARENTS 1 2 3 CAUSÉ	Pipe or Print in PERMANETT INK See Funeral Cirectors, Hospital, or Physicians Handbox for INSTRUCTIONS A DECEASED B C C D E	DECEDENT'S BIRTH NO.		
CEMETERY OR CREMATORY-NAME VALUE STREET AND NAME LEEK AND SONS FUNERAL HOME RALDINGCORTS SIGNATURE REGISTRAR'S SIGNATURE LEER COTTOURN TAVET	CEREBIO ASCULAR ACCIDENT, HYPERTENSION, DIAFETES DATE OF OPE ATTON, IF ANY 206 10. ON ASCULAR ACCIDENT, HYPERTENSION, DIAFETES MAJOR FINDINGS OF OPERATION 206 10. ON AST SAWHIMMED ALIVE ON AUGUST 8, 1995 211. 10 THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND OUT TO THE 228. SIGNATURE 229. ROMEO SEMBRANO, M.D., 1900 E. MAIN, DANVILLE, 220. ROMEO SEMBRANO, M.D., 1900 E. MAIN, DANVILLE, NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRANT).	NAME FIRST MIDDLE NOT OBTAINABLE NOT OBTAINABLE NOT OBTAINABLE NOT OBTAINABLE NOT OBTAINABLE NOT OBTAINABLE RELATIONSHIP TRICIA ATTUTIS Enter the dis-nay, s, or complications that caused the death. Do not of cause (Final shock, or least is only one cause on each line. Cause (Final condition of least is only one cause on each line. Cause (Final condition of least is only one cause on each line. CARDIOPULMONARY ARRES' ONS, IF ANY (b) THE CAUSE (s) ONS, IF ANY (b) ONS, IF ANY (b) DUE TO, OR AS A CONSEQUENCE OF COMB. DUE TO, OR AS A CONSEQUENCE OF COMB.	GARCA SALLANDER CONTRACTOR SAL	REGISTRATION 92.0 REGISTRICT NO. 92.0 REGISTRATION 92.0 MEDICAL CERTIFICA NUMBER D 95-0729		
DANVILLE, IL CITY OR TOWN CITY OR TOWN IAMS, DANVILLE, IL 61832 PINERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 250. 034-039. CALLER ONTE FILED BY LOCAL REGISTRAPI MONTH, DAY, YEAR! 250. 034-039. CALLER ONTE FILED BY LOCAL REGISTRAPI MONTH, DAY, YEAR!	WELLITUS 19a. W. 19a.	ER-WAME FIRST MIDDLE (MAIDEN) LAST NOT OBTAINABLE MAILING ADDRESS (STREET AND NO. ORR F.D., CITYOR TOWN, STATE, ZIP) 17C. 1900 E. MAIN, DANVILLE, ILLINOIS 61832 mode of dying, such as cardiac or respiratory arrest. **PRESSONSET MEDEATH** **	TABLE SEATE (MONTH, DAY, YEAR) GROVES GROVES GROVES 2.MALE 3.AUGUST 9, 1995 3.AUGUST 9, 1995 ANDERTYPEAR MOST INDERT DAY SC. 5d. FEBRUARY 5d. FEBRUARY 4, 1936 IN OPERER PROTECTION 5d. FEBRUARY 6d. IN PATIENT WAS DECEASED EVER IN U. S. ARMED FORCES? (VES NO. 112. 12. 130. VESNOI DANVILLE DANVILLE OF HIS PANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY OLDAN, MEXICAN, PUERTORICAN, 482.)	OF DEA		