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Cook County Recorder 25.50

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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
County of COOK)

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE

Order No.: _____
Date: May 13, 1999

HARRY J. WALLIS, hereinafter referred to as the affiant deposes and states that the affiant resides at 7950 S. Narragansett in the City of Burbank;

That the decedent at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

LOT 5 IN TARDIFF'S FIRST ADDITION TO PLEASANT MANOR BEING A SUBDIVISION OF THE SOUTH 1100 FEET OF LOT 1 IN BARTLETT'S 79th STREET ACRES, BEING A SUBDIVISION OF THE NORTHEAST ¼ OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

19-31-204-009

That said decedent died on July 17, 1990 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 $ 40,000.00.

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 _____ Title Insurance Company to issue its Policy of Title Insurance on the above described property.

Signature X Harry J Wallis

SUBSCRIBED AND SWORN to before me this 13th day of May, 19 99.

Gary R. Williams

OFFICIAL SEAL
GARY R WILLIAMS
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. NOV. 5,1999

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.

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I HEREBY CERTIFY THAT the foregoing is a full 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 JULY 19, 1990 signed Lolita Maxwell

At Cook County Department of Public Health Official Title Chief Deputy Registrar.
1500 S. Maybrook Drive, Maywood, Illinois 60153

REGISTRATION DISTRICT NO. 16-02

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

1. DECEASED–NAME: FIRST LORETTA MIDDLE MARIE LAST WALLIS
2. SEX: FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR): JULY 17, 1990
4. COUNTY OF DEATH: COOK
5a. AGE–LAST BIRTHDAY (YRS): 78
5b. UNDER 1 YEAR: MOS / DAYS
5c. UNDER 1 DAY: HOURS / MIN
5d. DATE OF BIRTH (MONTH, DAY, YEAR): December 15, 1911
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: OAK LAWN
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): CHRIST HOSPITAL AND MEDICAL CENTER
6c. IF HOSP. OR INST. INDICATE D.O.A. OP, EMER, RM, INPATIENT (SPECIFY): INPATIENT
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Cordova Illinois
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Harry Wallis
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO): No
10. SOCIAL SECURITY NUMBER: 340-09-4010
11a. USUAL OCCUPATION: Housewife
11b. KIND OF BUSINESS OR INDUSTRY: Own Home
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary, Secondary (0-12): 8 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 7950 South Narragansett
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Burbank
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60459
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): White
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): ☐ NO ☐ YES SPECIFY:
15. FATHER–NAME: FIRST John LAST Hetz
16. MOTHER–NAME: FIRST Anna MIDDLE (MAIDEN) LAST Hodlmayer
17a. INFORMANT'S NAME (TYPE OR PRINT): Harry Wallis
17b. RELATIONSHIP: Husband
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 7950 South Narragansett Burbank, Ill.

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) → (a) Monocytic Leukemia

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES NO):
20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 7/17/90
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO
21c. HOUR OF DEATH: 10:20 P.M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ [signature]
22b. DATE SIGNED (MONTH, DAY, YEAR): 7-18-90
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Hugh O'Neill M.D. 3913 W. 95th St. Evergreen Park, Il
22d. ILLINOIS LICENSE NUMBER: 036-064812
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY–NAME: St. Mary Cemetery
24c. LOCATION CITY OR TOWN STATE: Evergreen Park, Illinois
24d. DATE (MONTH, DAY, YEAR): July 20, 1990
25a. FUNERAL HOME NAME: Lawn Funeral Home STREET AND NUMBER OR R.F.D.: 7909 State Road CITY OR TOWN STATE ZIP: Burbank, Illinois 60459
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ [signature]
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 6244
26a. LOCAL REGISTRAR'S SIGNATURE ▶ KAREN L. SCOTT, M.D. REGISTRAR [signature]
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): JUL 18 1990

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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