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UNOFFICIAL COPY

EXETER TITLE COMPANY

DECEASED JOINT TENANT AFFIDAVIT

99572933

State of Illinois)
)SS
County of Cook)

5681/0048 90 001 Page 1 of 2
1999-06-15 12:34:55
Cook County Recorder 23.50

Date: 6-14-99



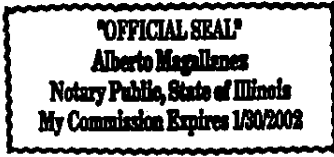
Frances Vercha, being first duly sworn, for the purpose of inducing Exeter Title Company to issue its title insurance policy covering the land described in the above-referenced commitment, deposes and says:

1. That she resides at 1616 South Lawndale, Chicago, Illinois 60623.
2. That she was acquainted with BERNICE RIDGENAL, who died on Mar. 4, 1999, as evidenced by the attached certified copy of the death certificate, and who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:
LOT 138 IN LANSING'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE WEST 146.17 FEET OF LOT 4, ALL OF LOTS 5, 6, 15 AND 16 AND THE WEST 146.17 FEET OF LOT 17 IN SECTION 23, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. Commonly Known as: 1616 S. Lawndale, Chicago, Illinois (16-23-005-027-0000)
3. That said decedent died: Leaving no last will and testament
 Leaving a last will and testament, copy of which is attached.
5. That the total value of said decedents estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax Purpose does not exceed \$ 40,000.

Affiant Signature
X Frances Vercha

Subscribed and sworn before me this 14 day of June, 1999.

Alberto Magallanes
Notary Public



MEDICAL CERTIFICATE OF DEATH

NUMBER 604586

REGISTERED NUMBER
16.10

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. COUNTY OF DEATH **BERNICE** RIDGENAL, 2. FEMALE 3. MARCH 04, 1999

4. COOK 5a. BIRTHDAY (YRS) 5b. 82 5c. HOURS 5d. MIN 5e. DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 03, 1917

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO 6b. MOUNT SINAI HOSPITAL MEDICAL CENTER 6c. INPATIENT

7a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7b. CHICAGO ILL 7c. CHICAGO ILL 7d. COOK

8a. SOCIAL SECURITY NUMBER 8b. WIDOWED 8c. NONE 8d. NONE 8e. NONE

9a. RESIDENCE (STREET AND NUMBER) 9b. KIND OF BUSINESS OR INDUSTRY 9c. EDUCATION (SPECIAL QUALITY HIGHEST GRADE COMPLETED) 9d. INSIDE CITY 9e. COUNTY

10a. 1358-18-6651 10b. Homemaker 10c. Home 10d. 8th 10e. COOK

11a. 118 Homemaker 11b. Home 11c. Chicago 11d. Cook

12a. STATE 12b. ZIP CODE 12c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc. SPECIFY) 12d. SEX SPECIFY: 12e. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

13a. IL 13b. 60623 13c. 148 Black 13d. F 13e. YES

14a. 136 Chicago 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14c. YES 14d. NO

15a. ATR-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MARRIED) LAST

15b. Gloria Williams McKinney Jones 15c. Gloria Williams

16a. RELATIONSHIP 16b. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

16c. CLERK 16d. 1745TH S. CALIFORNIA CHGO IL 60608

18. PART I. Enter the disease, 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.

(a) DIRECT CARDIOMYOPATHY
(b) ARTERIOSCLEROTIC HEART DISEASE
(c)

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

Acute cerebral infarction Sept 20, 1991

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. 20b. 20c. 20d. 20e.

21. DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) 21a. 3-2-99 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21c. YES

22. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22a. 3700 W 26th Street Chicago 60623 22b. ILLINOIS LICENSE NUMBER 22c. 036048027

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) 23a. 23b. 23c. 23d. 23e.

24. BUREAU OF CREMATION-NAME 24a. BUREAU OF CREMATION 24b. 24c. 24d. 24e.

25a. PROGRESSIVE FUNERAL HOME 7208 So Stony Island Chicago 60619

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. 034-08527

25d. LOCAL REGISTRAR'S SIGNATURE 25e. MAR 12 1999

26a. 26b. 26c. 26d. 26e.

27. THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

99572933

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 12 1999

99572933

1. I, ILLA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAWS AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH