

① H99029416  
CTIC

# UNOFFICIAL COPY JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS }  
COUNTY OF Cook } ss.

ORDER NO. \_\_\_\_\_  
DATE: \_\_\_\_\_ *SP 2/12*

\_\_\_\_\_, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 18058 JASON LN in the City of LANSING *PIA*;

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 17 IN WHITMAN TERRACE SUBDIVISION OF PART OF THE WEST 10 ACRES OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 36, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

99634723

6079/0184 03 001 Page 1 of 2  
1999-07-01 11:25:09  
Cook County Recorder 43.00

*mail to prep by  
1st Nat'l Bk of Chicago  
1800 S. Naperville Rd  
Wheaton IL 60187*

*pu* 29361160090000

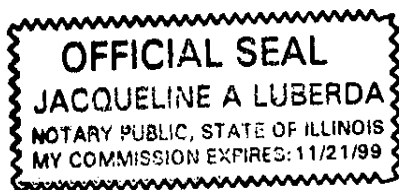
That <sup>*Reeve*</sup> PLAUT was acquainted with HARVEY PLAUT deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described above.

That said decedent died on 7-19-95 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 \$ \_\_\_\_\_;

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



Signature *Harvey Plaut*  
SUBSCRIBED AND SWORN TO before me this 18 day of June 99 a Notary Public in and for said State and County.  
*Jacqueline A. Lubarda*

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.

99634723

DEPARTMENT OF PUBLIC HEALTH  
UNOFFICIAL COPY

THIS CERTIFIED COPY VALID WHEN  
MULTICOLORED SIGNATURE SEAL IS  
AFFIXED.

STATE OF ILLINOIS

REGISTERED NUMBER 16.10

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

614428

1. DECEASED-NAME: FIRST **Harvey** MIDDLE **E.** LAST **Plaut** SEX **2. Male** DATE OF DEATH (MONTH, DAY, YEAR) **3. July 19, 1995**

COUNTY OF DEATH **4. Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **6. Chicago**

AGE-LAST BIRTHDAY (MONTH, DAY, YEAR) **5a. 51** UNDER-18 YEAR (MONTH, DAY, YEAR) **5b. May 23, 1944**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER ONE, STREET AND NUMBER) **6b. Northwestern Memorial Hospital**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **7a. Married**

SOCIAL SECURITY NUMBER **10320-36-9329**

USUAL OCCUPATION **11a. Business Owner** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **12. 12**

RESIDENCE (STREET AND NUMBER) **13a. 18058 Jaxon Lane** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. Lansing**

STATE **13c. Illinois** ZIP CODE **13d. 60438**

FATHER-NAME FIRST MIDDLE LAST **Ernest Plaut**

MOTHER-NAME FIRST MIDDLE LAST **Edith Rosewald**

RELATIONSHIP **17a. Medical Records**

17b. **202 B. Superior St. Chicago, IL 60611**

17c. **Respiratory Failure**

17d. **Pulmonary Congestion**

17e. **Sideroblastic Anemia**

17f. **Respiratory Failure**

17g. **Pulmonary Congestion**

17h. **Sideroblastic Anemia**

17i. **Respiratory Failure**

17j. **Pulmonary Congestion**

17k. **Sideroblastic Anemia**

17l. **Respiratory Failure**

17m. **Pulmonary Congestion**

17n. **Sideroblastic Anemia**

17o. **Respiratory Failure**

17p. **Pulmonary Congestion**

17q. **Sideroblastic Anemia**

17r. **Respiratory Failure**

17s. **Pulmonary Congestion**

17t. **Sideroblastic Anemia**

17u. **Respiratory Failure**

17v. **Pulmonary Congestion**

17w. **Sideroblastic Anemia**

17x. **Respiratory Failure**

17y. **Pulmonary Congestion**

17z. **Sideroblastic Anemia**

18. PART I. Enter the disease, or complications that caused the death. Do not enter the time (unless such as cardiac or respiratory arrest, shock, or brain failure) but only one cause on each line.

19. IMMEDIATE CAUSE (Final disease or condition resulting in death) **(a) Respiratory Failure**

20. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST. **(b) Pulmonary Congestion**

21. MAJOR FINDINGS OF AUTOPSY (TYPE OF DEATH) **(c) Sideroblastic Anemia**

22. DATE OF OPERATION, IF ANY **20b. NONE**

23. SIGNATURE **John S. Shaw** NAME AND ADDRESS OF REGISTRAR (TYPE OR PRINT) **John S. Shaw M.D., 676 N. St. Clair #2140 Chicago, IL 60611**

24. FURNERAL HOME **Burial** CEMETERY OR CREMATORY-NAME **Holy Sepulchre Cemetery** LOCATION **Worth, Illinois** STATE **Illinois** CITY OR TOWN **Chicago** STATE **Illinois** DATE (MONTH, DAY, YEAR) **24a. July 24, 1995**

25. LOCAL REGISTRAR'S SIGNATURE **John S. Shaw** FURNERAL DIRECTOR'S SIGNATURE **Shimkus Funeral Services**

25a. **Shimkus Funeral Services 1941 West Cermak Chicago, Illinois 60608**

25b. **034-014632** FURNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25c. **JUL 22 1995** DATE FILED (MONTH, DAY, YEAR)

25d. **614428** LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER

25e. **288** LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER

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