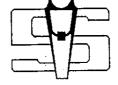
55/0218 48 001 Page 1 of



Sanctity of Contract

1999-08-05 13:14:45 Cook County Recorder

Stewart Title Company of Illinois

DECEASED JOINT TENANCY APPLIANT	
STATE OF ILLINOIS) STCI File Number:	
COUNTY OF SS.	
Janes G. Robbins Jr. resides at 17841 Glen Oakin the City of	-
being duly swom states that	
"Cansins" II Pal	
That was acquainted with Elisa M. Robbins deceased who, at the time of death, was one of	the
sworn of the land in County, Illinois, describes as:	
τ_{\sim}	
The the descripted died Ala Call St. 8, 1994 . 2s evidenced by a certified copy of death certificate of the de	resser
That the deceased died	CCASCC
attached hereto.	
That the deceased died: Leaving no Last Will & Testament. Leaving a Last Will & Testament a copy of which is attached hereto. The original of the univoven will should be filed with the Clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be filed with the clerk of the univoven will should be should be should be should be should be should be shoul	f the
- International Country Illinois	
Probate Division of the Circuit Court of	inois
about	
That the total value of the estate of the deceased, including both real and personal property owned by the deceased comer individually or in judgments.	oint
tenancy at the time of the death of the deceased, does not exceed the sum of	
	ationed
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mer	11.01.00
property.	
Subscribed and sworn to before me by the said	
this day of al x. A.D. 1913.	
Manus & Bublin On	
Attact's Cignoture)	
Notary Public (Arriant's Signature)	
OFFICIAL SEAL	
Harris JANET HUFF	
NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 1-9-2001	
149 · · · · · · · · · · · · · · · · · · ·	

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. 632

PARTE LEBARAMENT OF CHEAPTY

CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT,

Harmond, Weglih Commissioner

Stal Date Issued. .

Local No.	652				ATE O	F DEATH	İ	State	ne issued i	Tarimond H	ealth Commissioner
	THE RECORDS IN THIS SE		ONFIDENTIAL PER	(IC 10-1-19-3		2. SEX		3a TIME OF DEA	TH 35 DATE Q	F DEATH MON	n Dey. Yr.)
TYPE/PRINT	1. DECEASED-NAME (First, M		Robbi	nd		I	male				3, 1994
IN	Elisa	M			VEAD EA I			SIRTH (Mo. Day, Yr)	7. BIRTHPLACE	(City and Stat	e or Foreign Country)
PERMANENT	4. *SOCIAL SECURITY NUMBER		GE-Lest Birthday	56. UNDER 1	Days Hou	era Minutes	SEPT.	23-1952	Tusca	in, Az	7
BLACK INK	305-62-3449		42					DEATH (Check only or			
	8a. WAS DECEDENT A U.S. VETERAN?	86 YEAR LA	AST SERVED IN IED FORCES?	RV	1	91		R: Nursing Home			18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			NE		Inpetient	C)	OIME	Residence	in.	16.	
	ио .				ER/Outpetient	9c CITY.	OWN, OR L	OCATION OF DEATH	9d. COUN	TY OF DEATH	w.G.
DECEDENT	9b. FACILITY NAME (If not institut			24-1				_	La	ake '	et T
DECEDENT	St. Margaret Mercy Hospital					Hammond 12h				12b. KIND OF BUSINESS/INDUSTRY	
	10. MARITAL STATUS (Specify). Married 11. SURVIVING SPOUSE (If wife, give maiden name) James Robb				bins 12a. DECEDENT'S USUAL Of done during most of work			king life. Do not use retired)		nsurance	
	Married	Jā	mes Rob				e ngi	13d. STREET AND N			
	13a. RESIDENCE—STATE	13b. COUNT	ſΥ	13c. CITY, TOW		N			Glen Oa	a k	
	Illinois	Coo	k	Lans							EDUCATION
	13a. ZIP CODE 13f. INF JE CI	4. CITIZEN OF	15. WAS DECEDENT OF HISPAN		ANIC ORIGIN? If yee, specify Cul		CE-American Indian, ack, White, etc.	17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
	D W C		WHAT COUNTRY		verto Rican, etc	-		pecify)	Elementary/Sec	ondery (0-12)	College (1-4 or 5 +)
	60438 13g ON A FA		U.S.A.	NIC.	ME		l wi	nite	12		
	X No I			INC	NE	19. MO		E (First, Middle, Maiden	Surneme)		
PARENTS	18. FATHER'S NAME (First, Middle		×,			Vi	rgin	ia Ruf	alski		
	5 <u>F</u>	LaBel1	L 1					el Route Number, City o		Code) 20c.	Relationship
INFORMANT	20s. INFORMANT'S NAME (Type		0.0	206. N	IAILING ADDHI	(100 C	alc I.:	ansing,	TT. 604	438	Husband
art Oranica	James Robbi	ins	<u> </u>						21c. LOCATION-	-City or Town	State
•	21s. METHOD OF DISPOSITION	☐ Entombr	ment ;			SPOSITION (Name					
	X Burial Cramation	☐ Aemova	of from State	other place)		st 19,		7	Calu	met C	ity, IL.
	Donation Other (Spec	cify)				Cemet	ery	3. WAS DEATH REPO	DIED TO CORON	503	
DISPOSITION	226 EMBALMER'S NAME:				LMER'S LICENS	SE NO. .1 16 2 Ω	1 3	13. WAS DEATH REPO		Ç.	
Dioi Comun	Daniel Hols	te .		11.	034-0	14638				or CONCOAL U	OF US 30028
	24s. SIGNATURE OF FUNERAL	DIRECTOR	,		2 b. LICENSE		25. NAM	avne Fun	eral H	ome 5	04EH830028
			1		. of _ v	PSC 17	2470	Hammon	a TM	せいひ	Schroeder
		<i>I</i> .	1			ACCORT	JAVE	. Hammon	<u> </u>	TON	60/20
	Elden S	FUN	agre		FDO 1	000857	Lau	er F.H.	Lansin	q, IL	. 60438
	Police S	J4X)	ayre reomplications that co	used the death. D		/-/	Lau	er F.H.	Lansin	g, IL	Approximete
·	26. PART I. Enter the diseasers shock.	ages, injuries, or or heart failure.	r complications that co	lused the death. Do	o not enter none	paufic l' .rr+ aucl	Lau en cardisc o	er F.H.	Lansin	<u>q, 111</u>	. 00430
·	errest, shock,	ases, injuries, or or heart failure.	r complications that co	eused the death. Do on each line.	o not enter none	paufic l' .rr+ aucl	Lau en cardisc o	er F.H.	Lansin	<u>q, 111</u>	Approximate Interval Setween
	26. PART I. Enter the disease arrest, shock. IMMEDIATE CAUSE (Finel disease or condition)	ases, injuries, or or heart failure.	List only one cause of meta	nused the death. Di on each line.	o not enter nons	paufic l' .rr+ aucl	Lau en cardisc o	er F.H.	Lansin	<u>q, 111</u>	Approximate Interval Between Onset and Death
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Lot 3 in Block 2 in Oak Glen Gardens Addition being a subdivision of certain lands in the West Half of the Northwest Quarter of Section 31, Township 36 North, Range 15, East of the Third Principal Meridian, bounded by a line described as follows; beginning at a point on the West line of said Section which point is 330 feet South of the Northwest corner thereof, thence running South 0 Degrees 0 minutes East along said West line for a distance of 1233.7 feet; thence running South 89 degress 50 minutes East for a distance of 233.00 feet, thence running south 0 degrees 0 minutes East for a distance of 256.8 feet thence running South 82 degrees 04 minutes; East for a distance of 436.55 feet; thence running North 0 degrees 03 minutes East for a distance of 1550.8 feet; thence running North 56 minutes 30 seconds West for a distance 666.3 feet to a point of beginning, in Cook County, Illinois.

31-26-310-00/

Proberty of Coot County Clert's Office