



Sanctity of Contract



Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF )

STCI File Number: • •

SS.

James G. Robbins Jr.

being duly sworn states that he resides at 17841 Glen Oak in the City of Lansing

That he 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:

That the deceased died August, 8, 1994 as evidenced by a certified copy of death certificate of the deceased 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 unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois about \_\_\_\_\_

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

79878 1/2  
Subscribed and sworn to before me by the said

this 20<sup>th</sup> day of July, A.D. 1999.

[Signature]  
Notary Public

[Signature]  
(Affiant's Signature)



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

99746096  
**UNOFFICIAL COPY**  
INDIANA STATE DEPARTMENT OF HEALTH

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

*Franklin J. Remuda, M.D.*  
Hammond Health Commissioner

Local No. 632

CERTIFICATE OF DEATH

Date Issued Aug 10 1994

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Elisa M Robbins</b>		2. SEX <b>Female</b>		3a. TIME OF DEATH <b>11:02 pm</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>August 8, 1994</b>	
4. *SOCIAL SECURITY NUMBER <b>305-62-3449</b>		5a. AGE—Last Birthday (Years) <b>42</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr.) <b>SEPT 09-23-1952</b>		7. BIRTH PLACE (City and State or Foreign Country) <b>Tuscan, AZ</b>					
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>NONE</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>St. Margaret Mercy Hospital</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>James Robbins</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Office Mgr.</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Insurance</b>	
13a. RESIDENCE—STATE <b>Illinois</b>		13b. COUNTY <b>Cook</b>		13c. CITY, TOWN, OR LOCATION <b>Lansing</b>		13d. STREET AND NUMBER <b>17841 Glen Oak</b>	
13e. ZIP CODE <b>60438</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <b>NONE</b>	
16. RACE—American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>					
18. FATHER'S NAME (First, Middle, Last) <b>Joseph LaBella</b>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Virginia Rufalski</b>			
20a. INFORMANT'S NAME (Type/Print) <b>James Robbins</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>17841 Glen Oak Lansing, IL. 60438</b>		20c. Relationship <b>Husband</b>	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 19, 1994 Holy Cross Cemetery</b>		21c. LOCATION—City or Town, State <b>Calumet City, IL.</b>	
22a. EMBALMER'S NAME <b>Daniel Holste</b>				22b. EMBALMER'S LICENSE NO. <b>IL 034-014638</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eileen B. LaHayne</i>				24b. LICENSE NUMBER (of Licensee) <b>FDO 1000857</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>LaHayne Funeral Home 5746 Hohman Ave. Hammond, IN. FOR Schroeder-Lauer F.H. Lansing, IL. 60438</b>	
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <u>metastatic carcinoma of the breast</u> <b>4 mo</b>							
b. _____ DUE TO (OR AS A CONSEQUENCE OF):							
c. _____ DUE TO (OR AS A CONSEQUENCE OF):							
d. _____ DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I							
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NONE</b>	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c. MEDICAL LICENSE NO. <b>01031259</b>	
29d. DATE SIGNED (Month, Day, Year) <b>09 VIII 94</b>							
30. NAME AND ADDRESS OF PLACE OF DEATH (If not at home, give street and number, city, state, and zip code) <b>17841 Glen Oak Lansing, IL 60438</b>							
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Remuda, M.D.</i>						32. DATE FILED (Month, Day, Year) <b>AUG 10 1994</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

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**UNOFFICIAL COPY**  
LEGAL DESCRIPTION

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 degrees 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.

31-26-310-001

Property of Cook County Clerk's Office