



INVESTORS TITLE GUARANTEE, INC.
222 NORTH LASALLE STREET · CHICAGO, ILLINOIS 60601 · (312) 201-0600 · FAX: (312) 201-1506

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

Order No. INV. 73221 1/4 GAD

JUDITH A. TEXTER, F/K/A JUDITH A. ANGLIM being duly sworn
states that SHE resides at 8811 W. 84th ST. in the City of JUSTICE, ILLINOIS

That SHE was acquainted with ROBERT J. ANGLIM

deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described as:

THE EAST 1/2 OF LOT 33 IN FRANK DELUGACH'S 83rd STREET ACRES, A SUBDIVISION OF THE NORTHEAST 1/4 OF THE SOUTHEAST 1/4 (EXCEPT THE NORTH 100 FEET OF THE EAST 272.25 FEET THEREOF) IN SECTION 34, TOWNSHIP 38 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
TAX#18-34-404-026-0000

That the deceased died ON 6-14-88, 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 that purpose of inducing INVESTORS Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

AFFIANT

on the 29th day of JANUARY, A.D. 19 99

Debra L. O'Shaughnessy
Notary Public

John A. Texter
8811 S. 84th St.
Justice, Ill. 60458

Judith A. Anglim
(Affiant's signature)

“OFFICIAL SEAL”
Debra L. O'Shaughnessy
Notary Public, State of Illinois
My Commission Expires 03/08/99

UNOFFICIAL COPY

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST
 ROBERT J. ANGLIM Sr. Male
 DATE OF DEATH - (MONTH, DAY, YEAR) 6/14/88

PLACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. White
 UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN.
 5a. 38 5b. 38 5c. 38 5d. 38
 DATE OF BIRTH - (MO., DAY, YEAR) 6 July 15, 1949
 COUNTY OF DEATH Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7a. LaGrange
 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7b. LaGrange Memorial Hospital

STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY) 8. Illinois
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY) 10. Married
 NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE) 11. Judith A. Bohland

SOCIAL SECURITY NUMBER 12. 326-42-4836
 KIND OF BUSINESS OR INDUSTRY 13a. Accounting
 WAS DECEASED EVER IN U.S. ARMED FORCES? YES / NO 13b. No

RESIDENCE STREET AND NUMBER 14a. 8811 W. 84th St.
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Justice
 COUNTY 14c. Cook
 STATE 14d. Illinois

FATHER - NAME FIRST MIDDLE LAST 15. Vincent A. Anglim
 MOTHER - MAIDEN NAME 16. Rosemary C. McArthur

INFORMANT NAME (TYPE OR PRINT) 17a. Judith A. Anglim
 RELATIONSHIP 17b. Wife
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 8811 W. 84th St. Justice, Ill. 60458

DEATH WAS CAUSED BY: 18. (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))
 IMMEDIATE CAUSE Cardiac Arrest
 (a) DUE TO OR AS A CONSEQUENCE OF: Malignant Myocardial Infarction
 (b) DUE TO OR AS A COMPLICATION OF: Atherosclerosis
 (c) OTHER SIGNIFICANT CONDITIONS: Contributing to death but not related to cause given in part (a) Insulin dependent Diabetes Mellitus, Hypertension, Retinopathy

DATE OF OPERATION, IF ANY 19a. No
 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19b. No
 IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH? 19c. No

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Minutes

20a. (INDIVIDUAL WHO ATTENDED THE DECEASED AND LAST SAW HIM/HER ALIVE ON) 6/4/88
 HOUR OR DEATH 20b. 10:42 P.
 DATE SIGNED - (MONTH, DAY, YEAR) 20c. 6/15/88

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 21a. Dr. Jonshah M.D.
 ILLINOIS LICENSE NUMBER 21b. 036-057272

22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22a. DR. PIP SHAH MD 6117 W CERMAK ROAD, CICERO

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) 23a. Entombment
 CEMETERY OR CREMATORY - NAME 23b. Resurrection
 LOCATION 23c. Justice, Illinois
 CITY OR TOWN 23d. Illinois
 STATE 23e. June 18, 1988
 DATE (MONTH, DAY, YEAR) 23f. 244

24. FUNERAL HOME NAME 24a. Beverly Ridge Funeral Home 10415 S. Kedzie Ave. Chicago, Illinois 60655
 STREET AND NUMBER OR R.F.D. 24b. 8707
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 24c. 25c. James Trolia

25. LOCAL REGISTRAR'S SIGNATURE 25a. Karen L. Scott, M.D.
 DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 25b. June 16, 1988

26. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1976 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

At Cook County Department of Public Health Official - Title Deputy Registrar 1500 South Maybrook Drive, Maywood, Illinois 60153

SIGNED *[Signature]* DATE June 16, 1988

I HEREBY CERTIFY THAT the foregoing is a true 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 statutes relating to the registration of births, stillbirths and deaths.