

MEDICAL CERTIFICATE OF DEATH

DECEASED NAME: **ROBERT E. RANCE** SEX: **2. MALE** DATE OF DEATH: **3 AUGUST 14, 1979** STATE FILE NUMBER: **16-31**
 RACE: **WHITE** AGE: **69** UNDER 1 YEAR: **NO** UNDER 2 YEAR: **NO** UNDER 5 YEAR: **NO** COUNTY OF DEATH: **COOK**
 4a. ETHNIC ORIGIN: **GERMAN** MARITAL STATUS: **10. MARRIED** DATE OF BIRTH: **6 MARCH 5, 1910** COUNTY OF BIRTH: **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Blue Island** CITIZENSHIP: **U.S.A.** HOSPITAL OR OTHER INSTITUTION: **St. Francis Hospital**

DECEASED CITIZENSHIP: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: **10. MARRIED** NAME OF SURVIVING SPOUSE: **AGNES GABELLO**
 SOCIAL SECURITY NUMBER: **12-538-01-3455A** USUAL OCCUPATION: **Self employed in Electronics** U.S. WAR YEARS: **134. none**
 RESIDENCE STREET AND NUMBER: **14b. Calumet Park** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **14c. yes** WAR OR DAYS OF SERVICE: **134. none**
 FATHER: **John Rance** MOTHER: **MAIDEN NAME** COUNTY: **COOK** STATE: **ILL.**

PARENTS INFORMANT'S SIGNATURE: **John Rance** RELATIONSHIP: **15. Minnie (unavailable)**
 17a. **Agnes Rance** RELATIONSHIP: **17b. wife** MAILING ADDRESS: **12717 S. Aberdeen, Calumet Pk, Ill.**
 18. DEATH WAS CAUSED BY IMMEDIATE CAUSE: **18a. Accidental** (A) (B) (C)
 18b. **Extensive degenerative heart disease**
 18c. **due to OR AS A CONSEQUENCE OF**

CAUSE CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE IF STATING THE UNDERLYING CAUSE LAST:
 (A) DUE TO OR AS CONSEQUENCE OF
 (B) EXTENSIVE DEGENERATIVE HEART DISEASE
 (C) DUE TO OR AS A CONSEQUENCE OF

CERTIFIER DATE OF OPERATION IF ANY: **200.** MAJOR FINDINGS OF OPERATION: **19. NO**
 20a. EXTENDED THE DECEASED FROM: **1976-76** TO: **14 AUGUST 14, 1979** HOUR OF DEATH: **9:53A.M.**
 21a. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED ON THE DATE AND AT THE PLACE AND DUE TO THE CAUSE(S) STATED: **8-7-79** DATE SIGNED: **8-15-79**

CERTIFIER NAME AND ADDRESS OF CERTIFIER: **Dr. Sosa, 13000 S. Maple Blue Island, Ill 60405** ILLINOIS LICENSE NUMBER: **220-76-74684**
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Dr. Sosa** NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER MUST BE NOTIFIED

DISPOSITION BURIAL CREMATION: **24b. Resurrection** LOCATION: **24c. Justice, Illinois** CITY OR TOWN: **Justice, Illinois** STATE: **Ill.** DATE: **24 August 17, 1979**
 25a. FUNERAL HOME: **Lukas Funeral Home, 127th St., Calumet Park, Ill 60643** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **7127**

DISPOSITION LOCAL REGISTRAR'S SIGNATURE: **Edison J. Haintz** DATE RECD BY LOCAL REGISTRAR: **Aug. 16, 1979**
 26a. LOCAL REGISTRAR'S SIGNATURE: **Edison J. Haintz** DATE RECD BY LOCAL REGISTRAR: **Aug. 16, 1979**

UNOFFICIAL COPY
 AUG 19 1979
 I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED AT 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 BIRTH, ESTABLISHMENTS AND DEATHS.

DATE: _____
 LOCAL REGISTRAR'S SIGNATURE: _____
 DATE RECD BY LOCAL REGISTRAR: _____



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

as.

Order No. _____

AGNES RANCE

being duly sworn

states that SHE resides at 287 YATES AVE, APT 3A in the City of CALUMET CITY
1701 STARR

That SHE was acquainted with ROBERT RANCE

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

LOT 10 AND THE NORTH 1/2 OF LOT 11 IN BLOCK 3 IN DANIEL J. FALLIS ADDITION TO PULLMAN BEING A SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 21, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

3543795

all
25-21-410-025-0000

That the deceased died *(date)* Aug. 14, 1986, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: *check one*

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 \$20,000 dollars.

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

Subscribed and sworn to before me by the said

this 15th day of July, A.D. 1986

[Signature]
Notary Public

[Signature]
Affiant's signature

My Commission Expires Nov. 2, 1989

8-25-86 waive title release fee

UNOFFICIAL COPY

COOK COUNTY CLERK'S OFFICE
PROPERTY OF COOK COUNTY CLERK'S OFFICE

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Joff*

*2
TOPP
MS MD*

3543795

AUG 26 11 32 PM '86

REGISTRAR OF DEEDS

3543795

3543795



108150
6059801

[Handwritten signature]