

UNOFFICIAL COPY

00459014

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2000-06-21 13:58:39  
Cook County Recorder 23.50



Chicago Title



00459014

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

Order No. \_\_\_\_\_

Rose Jones a/k/a, Rosanell Jones being duly sworn  
states that she resides at 14920 Wood Street in the City of  
Harvey, Illinois

That she was acquainted with Milton T. Jones, Jr.  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:

The South 1/2 of Lot 10 and all of Lot 11 in Block 163 in Harvey in the  
South 1/2 of the South East 1/4 and the South East 1/4 of the South  
West 1/4 of Section 7, Township 36 North, Range 14 East of the Third  
Principal Meridian, in Cook County, Illinois.

29-07-418-021

Box  
215

That the deceased died October 5, 1999, 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 \_\_\_\_\_ not exceeding statutory limits \_\_\_\_\_ 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 2nd day of July A.D. 19 00  
**OFFICIAL SEAL**  
**MARY EPANQZZO**  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES: 02/28/01

x Rose Jones A/K/A  
(affiant's signature)  
Rosanell Jones

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and 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.

DATE October 8, 1999

SIGNED

*Nick Cannatello*  
Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health  
1010 Lake Street  
Oak Park, IL 60301

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 1600  
REGISTERED NUMBER

DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. COUNTY OF DEATH		Milton		Timothy	Jones, Jr.	Male
4. Cook		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		5a. 81		5b. 1	5c. 1	5d. 1
6a. Hazel Crest		6b. South Suburban Hospital		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. Pope, MS		8a. Married		
SOCIAL SECURITY NUMBER		10. 426-40-6547		11a. Pastor		
RESIDENCE (STREET AND NUMBER)		13a. 14920 S. Wood		13b. Harvey		
STATE		13c. Illinois		13d. Cook		
FATHER-NAME		15. Milton		16. Timothy		
MILTON		TIMOTHY		JONES, Sr.		
INFORMANT'S NAME (TYPE OR PRINT)		17a. Rosanell Jones		17b. Wife		
18. PART I		Enter the diseases, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				
Immediate Cause (Final disease or condition resulting in death)		a. MYOCARDIAL INFARCTION				
b. CONGESTIVE HEART FAILURE		c. ACUTE MYOCARDIAL INFARCTION				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		b. ACUTE MYOCARDIAL INFARCTION				
PART II. OTHER FACTORS contributing to death but not resulting in the underlying cause given in PART I.		a. ACUTE MYOCARDIAL INFARCTION				
DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION				
20a. (TYPE OR PRINT)		20b. MAJOR FINDINGS OF OPERATION				
21. (TYPE OR PRINT)		21b. EXAMINER NOTIFIED? (YES/NO)				
22. VIVEK KALSTHA, M.D. 71 W. 156th St., Harvey, IL 60426		22b. DATE SIGNED (MONTH, DAY, YEAR)				
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23b. DATE SIGNED (MONTH, DAY, YEAR)				
24. Burial		24b. Cemetery or crematory-NAME				
25a. Twin City Memorial Chapel 1203 N. Market Street, Champaign, Illinois 61820		25b. DATE SIGNED (MONTH, DAY, YEAR)				
25c. 034-014958		25d. DATE SIGNED (MONTH, DAY, YEAR)				
25e. 034-014958		25f. DATE SIGNED (MONTH, DAY, YEAR)				

LOCAL REGISTRAR'S SIGNATURE  
KAREN L. SCOTT, M.D.  
NICKI CANNATELLO  
DERIC WALKER  
DATE SIGNED (MONTH, DAY, YEAR)  
OCTOBER 8, 1999  
VIR200 (Rev. 5/89)  
Illinois Department of Public Health—Division of Vital Records  
(BASED ON 1989 U.S. STANDARD CERTIFICATE)