

**UNOFFICIAL COPY**  
**STEWART TITLE GUARANTY COMPANY**

30 N. LASALLE STREET SUITE 2100 CHICAGO, IL 60602

**DECEASED JOINT TENANCY AFFIDAVIT**



STATE OF ILLINOIS }  
COUNTY OF Cook } ss.

Order No:

Patrick S. Stanton

being duly sworn, states that he resides at 222 E 87th St  
in the City of Chicago

That he was acquainted with John S Stanton deceased who, at the time of death, was one of the owners  
of the land in Cook County, Illinois, described as:

of COOK [Name of Recording Jurisdiction]:  
LOT 25 IN ELMORE'S SOUTH PARK BOULEVARD SUBDIVISION IN THE SOUTH 1/2 OF  
SECTION 34, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL  
MERIDIAN, IN COOK COUNTY, ILLINOIS.

116611  
STCI

PIV-20-34-321-040

That the deceased died 10-11-94, 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 20,000 dollars.

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

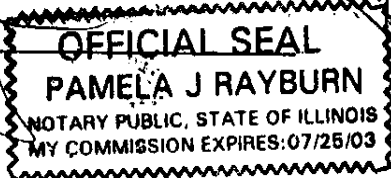
Subscribed and sworn to before me by the said

**00584745**

5094/0043 03 001 Page 1 of 4  
2000-08-02 09:52:59  
Cook County Recorder 51.50

this 27th day of July, A.D. 192000

Notary Public



Patrick Stanton  
(Affiant's Signature)

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00584745  
009581745

Property of Cook County Clerk's Office



Patrick S. Stanton  
222 E. 87th Street  
Chgo Ill 60619

UNOFFICIAL COPY 00584745

00584745

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

OCT 14 1994

I, SHEILA LYNE RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER

619877

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

DECEASED-NAME: FIRST MIDDLE LAST: LOLA S STANTON

SEX: 2 FEMALE

DATE OF DEATH (MONTH, DAY, YEAR): OCTOBER 11, 1994

REGISTERED NUMBER: 4. COOK

DATE OF BIRTH (MONTH, DAY, YEAR): 5d. NOVEMBER 17, 1921

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 6a. CHICAGO

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6b. JACKSON PARK HOSPITAL

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 7. MERIDIAN, MISS

MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. MARRIED

USUAL OCCUPATION: 11. LOAN PROCESSOR

RESIDENCE (STREET AND NUMBER): 13a. 222 E. 87th ST

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13b. CHICAGO

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. BLACK

FATHER-NAME FIRST MIDDLE LAST: 15. JULIUS STERDIVANT

INFORMANT'S NAME (TYPE AND PRINT): 17a. PATRICK STANTON

RELATIONSHIP: 17b. SON

Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP): 17c. 222 E. 87th St Chgo, IL 60619

Immediate Cause (Final disease or condition resulting in death): (a) MYO CARDIAL INFARCTION

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: Depression

DATE OF OPERATION, IF ANY: 20a. DEPRESSION

MAJOR FINDINGS OF OPERATION: 20b. Depression

(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. 10/11/94

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): 22a. BANGALORE MURTHY M.D. 7531 S. STONY ISL. CHGO, IL

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 22b. BANGALORE MURTHY

BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL

CEMETERY OR CREMATORY-NAME: 24b. MOUNT PLEASANT

LOCATION: 24c. TROMSUBA, MISSISSIPPI

STATE: MISSISSIPPI

CITY OR TOWN: TROMSUBA

STREET AND NUMBER OR R.F.D.: 25a. MORGAN PARK FUNERAL HOME 1246 W. 111th ST CHICAGO

STATE: ILLINOIS

ZIP: 60643

FUNERAL DIRECTOR'S SIGNATURE: 25b. Sheila Lyne RSW

LOCAL REGISTRAR'S SIGNATURE: 25c. 34-8189

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 14 1994

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

NOV 12 1992

STATE FILE NUMBER  
620486

# MEDICAL CERTIFICATE OF DEATH

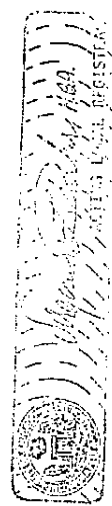
STATE OF ILLINOIS

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

REGISTRATION DISTRICT NO. 16.10  
REGISTERED NUMBER

DECEASED-NAME: Henry Sterdivant, Jr. (FIRST, MIDDLE, LAST)  
 COUNTY OF DEATH: Cook  
 DATE OF DEATH: 3 November 9, 1992  
 DATE OF BIRTH: 54 March 15, 1924  
 SEX: Male  
 HOSPITAL OR OTHER INSTITUTION: 68 VA Lakeside Medical Center  
 NAME OF SURVIVING SPOUSE: (MAIDEN NAME, IF WIFE)  
 NAME OF BUSINESS OR INDUSTRY: General  
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago  
 RACE: Black  
 RELATIONSHIP: Sterdivant  
 MAILING ADDRESS: 17c. 333 E. Huron St., Chicago, IL, 60611  
 IMMEDIATE CAUSE (Final disease or condition resulting in death): ADENOCARCINOMA OF LIVER  
 CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF  
 (b) DUE TO, OR AS A CONSEQUENCE OF  
 (c) DUE TO, OR AS A CONSEQUENCE OF  
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
 MAJOR FINDINGS OF OPERATION: VA 10-7-92  
 DATE OF OPERATION, IF ANY: 10-7-92  
 (1) (1) (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 10-7-92  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND (1) (1) (1) STATED:  
 NAME AND ADDRESS OF CERTIFIER: M.O. RIMAS NEMICKAS, M.D.  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: (TYPE OR PRINT)  
 BURIAL, CREMATION, REMOVAL (SPECIFY): Burial  
 CEMETERY OR CREMATORY-NAME: Pleasant Grove  
 CITY OR TOWN: Toomsaba, Miss.  
 STATE: Miss.  
 DATE: 24 Nov 14, 1992  
 STREET AND NUMBER OR R.F.D.: 1246 W. 111th St. Chicago, Illinois 60643  
 FUNERAL HOME: Morgan Park Funeral Home  
 LOCAL REGISTRAR'S SIGNATURE: Virginia L. Parker, M.P.A.  
 DATE: NOV 12 1992  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-8189  
 DATE ISSUED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): NOV 12 1992

I, VIRGINIA L. PARKER, M.P.A. ACTING LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



### CERTIFICATION

I hereby certify that the foregoing is a true copy of the original of the within document.

Edward J. Kahn  
Suite 3350  
North La Salle Street, N.W. 20 1992  
Chicago, Illinois 60602  
Attorney

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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COOK COUNTY CLERK'S OFFICE  
1000 NORTH LAKE STREET  
CHICAGO, ILLINOIS 60606  
TEL: 312.603.1000  
WWW.COOKCOUNTYCLERK.COM