

UNOFFICIAL COPY 00665153

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2000-08-28 15:58:12  
Cook County Recorder 43.00



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS  
COUNTY OF COOK

ss.

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

Edna L. Jackson

being duly sworn

states that she resides at 2943 West Washington Blvd. in the City of Chicago

That she was acquainted with James Jackson (who was her husband)

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

Parcel 1: The East 5 feet of Lot 147 and all of Lot 148 in Flint's Addition to Chicago in the South West 1/4 Section 12, Township 39 North, Range 13 in Cook County, Illinois.

Parcel 2: Lot 1 and the West 5 feet of Lot 2 in Samuel H. Wheeler's subdivision of SW-1/2 of Section 12, Township 39 North, Range 13 in Cook County, Illinois.

LAND TRUST

16-12-326-006 then 008

That the deceased died October 9, 1998, 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 \_\_\_\_\_

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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 Fifty Thousand and No/100 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

James L. Hardemon

this 15th day of February, A.D. 19 99

James L. Hardemon

Notary Public "OFFICIAL SEAL"

JAMES L. HARDEMON  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 11/7/2001

Edna L. Jackson  
(affiant's signature)

BOX 333-CTV

# UNOFFICIAL COPY

## OAK PARK, ILLINOIS OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

00665153

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.04

REGISTERED NUMBER 654

### MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED NAME: FIRST MIDDLE LAST: James T Jackson SEX: 2 Male DATE OF DEATH (MONTH, DAY, YEAR): 3 October 9, 1998

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: 4 Cook HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 6a Oak Park 6b West Suburban Hospital IF HOSP. OR INST. INDICATE D.O.A. (PREMIA, R.M. INPATIENT) (SPECIFY): 6c Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): 4a Cook, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a Married NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b Edna L Patterson WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): 9 No

SOCIAL SECURITY NUMBER: 10 345-20-0430 USUAL OCCUPATION: 11a Driver KIND OF BUSINESS OR INDUSTRY: 11b Trucking EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12 12

RESIDENCE (STREET AND NO., CITY, TOWN, TWP, OR ROAD DISTRICT NO., INSIDE CITY (YES/NO), COUNTY): 13a 2943 W Washington 13b Chicago 13c Yes 13d Cook

STATE: 13a Illinois ZIP CODE: 13f 60612 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14f American Black OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): 14b No

DECEASED  
A  
B  
C  
D  
E

PARENTS

FATHER - NAME (FIRST MIDDLE LAST): 15 James T Jackson MOTHER - NAME (FIRST MIDDLE LAST) (MAIDEN - LAST): 16 Mary Johnson

INFORMANT'S NAME (TYPE OR PRINT): 17a Matthew Laitala RELATIONSHIP: 17b Records MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c Erie at Austin, Oak Park, IL, 60302

CAUSE

18. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Enter the approximate interval between onset and death. (a) Pneumonia 3 weeks (b) Acute Myelogenous Leukemia 6 weeks

4  
5  
N  
P

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO): 19a No WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): 19b No

CERTIFIER

20. DATE OF OPERATION, IF ANY: 20a MAJOR FINDINGS OF OPERATION: 20b IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: 20c YES NO

21. (1) (1) DID (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 21a 10/09/98 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b No HOUR OF DEATH: 21c 12:26 AM

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR): 22a 10/13/98

22a. SIGNATURE: Kakan Naha DATE SIGNED: 22b 10/13/98

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Kakan Naha MD 1 Erie Court, Oak Park, IL, 60302 ILLINOIS LICENSE NUMBER: 22d 026-094837

DISPOSITION

23. BURIAL, CREMATION, OR REMOVAL (SPECIFY): 23a Burial CEMETERY OR CREMATORY - NAME: 23b Forest Home LOCATION: 23c Forest PK Illinois DATE: 23d Oct 17, 1998

24. FUNERAL HOME: 24a Smith Thomas 5708 W Madison St, Chgo, IL 60644

25. FUNERAL DIRECTOR'S SIGNATURE: 25a LOCAL REGISTRAR'S SIGNATURE: 25b DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 25c OCT 16 1998

26. LOCAL REGISTRAR'S SIGNATURE: 26a DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b OCT 16 1998

VP200 (Rev. 5/88) Illinois Department of Public Health - Division of Vital Records (BASED ON 1988 U.S. STANDARD CERTIFICATE)

207565

This is to certify that this is a true and correct copy from the official record filed with the Illinois Department of Public Health.

DATE ISSUED  
OCT 16 1998

LOCAL REGISTRAR  
Gangur Polyak, P.D.

