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2001-05-16 11:39:28

Cook County Recorder 43.50



Chicago Title Insurance Company



0010411950

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ~~ILLINOIS~~ MICHIGAN
COUNTY OF ALLEGAN

ss.

Order No. _____

JOHN L. McCLAIN being duly sworn
states that he resides at 5011 123rd Avenue in the City of
Fennville, Michigan 49408

That he was acquainted with JOYCE NELSON (his sister)
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

Lots 45 and 46 in Granville Kimball's Subdivision of the West 1/2 of
the Northeast 1/4 of Section 14, Township 39 North, Range 13 East of
the Third Principal Meridian, in Cook County, Illinois.

PIN # 16-14-210-016-0000

ADDRESS OF PROPERTY: 3319 W. Adams Street, Chicago, IL 60624

That the deceased died September 7, 2000, 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 Six Hundred Thousand Dollars (\$600,000.00) 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

John L. McClain

this 3rd day of May, A.D. 19 2001

Edwin Cabey
Notary Public
FORM 3703

John L. McClain
(affiant's signature)

EDWIN CABEY
220 S State #2004
Chicago, IL 60604

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Property of Cook County Clerk's Office



MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER
 DECEASED-NAME **LYNCE** FIRST **LYNCE** MIDDLE **L.** LAST **MERSON** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **SEPTEMBER 7, 2000**

COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (MNS) **62** UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR UNDER 1 MIN. DATE OF BIRTH (MONTH, DAY, YEAR) **NOVEMBER 21, 1937**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **HOME** IF HOSP. OR INST. INDICATE D.O.A. (SPECIFY)

6a. CHICAGO **6b. 1169 PLYMOUTH COURT** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **HOME** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9. No**

7. CHICAGO, IL **8a. DIVORCED** **8b. NONE** KIND OF BUSINESS OR INDUSTRY **11b. IL BELL CO.** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. U** College (1-4 or 5-1)

8. 324-32-1378 **11a. MANAGER** **11b. IL BELL CO.** **11c. YES** **13d. COOK** RESIDENCE (STREET AND NUMBER) **1169 PLYMOUTH COURT** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY **13c. YES** COUNTY **COOK**

9a. ILLINOIS **13a. CHICAGO** **13b. CHICAGO** **13c. CHICAGO** **13d. COOK** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **BLACK** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, P.R., or HISPANIC, etc.) **14b. X** **14c. YES** **14d. YES** SPECIFY: **15. WATERS**

16. FRMA **17a. ALYVIA McCLAIN** **17b. BROTHER** **17c. 3310 WEST ADAMS - CHICAGO, IL** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **60624**

18. PART I. **ALYVIA McCLAIN** **19a. CARCINOMA OF PANCREAS WITH METASTASES** **19b. 8 MONTHS** Enter the diseases, or complications 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

19a. CARCINOMA OF PANCREAS WITH METASTASES **19b. 8 MONTHS** Enter the diseases, or complications 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20a. (a) DUE TO, OR AS A CONSEQUENCE OF **(b) DUE TO, OR AS A CONSEQUENCE OF** **(c) DUE TO, OR AS A CONSEQUENCE OF** **19a. YES** **19b. YES** **19c. YES** **19d. YES** **19e. YES** **19f. YES** **19g. YES** **19h. YES** **19i. YES** **19j. YES** **19k. YES** **19l. YES** **19m. YES** **19n. YES** **19o. YES** **19p. YES** **19q. YES** **19r. YES** **19s. YES** **19t. YES** **19u. YES** **19v. YES** **19w. YES** **19x. YES** **19y. YES** **19z. YES**

21a. DATE OF OPERATION, IF ANY **21b. MAJOR FINDINGS OF OPERATION** **21c. HOUR OF DEATH** **21d. DATE SIGNED** **21e. TIME** **21f. DATE** **21g. TIME** **21h. DATE** **21i. TIME** **21j. DATE** **21k. TIME** **21l. DATE** **21m. TIME** **21n. DATE** **21o. TIME** **21p. DATE** **21q. TIME** **21r. DATE** **21s. TIME** **21t. DATE** **21u. TIME** **21v. DATE** **21w. TIME** **21x. DATE** **21y. TIME** **21z. DATE**

22a. Dr. S. SURRAMATHAN - 2600 S MICHIGAN Ave Chicago, IL **22b. 036-041610** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) **24a. PARKHOLM CEMETERY** **24b. LAGRANGE, ILLINOIS** **24c. ILLINOIS** **24d. 9/11/2000** CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

25a. WALLACE FUNERAL HOME **25b. BROADVIEW, IL 60155** FUNERAL DIRECTOR'S SIGNATURE **Wallace** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **34-9351**

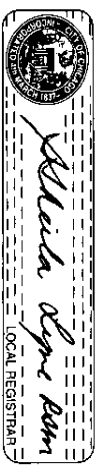
26a. SEP 12 2000 LOCAL REGISTRAR'S SIGNATURE **Sheila Lynne RSM** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26b. SEP 12 2000 LOCAL REGISTRAR'S SIGNATURE **Sheila Lynne RSM** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

SEP 12 2000

SHEILA LYNNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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