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9897/0118 93 001 Page 1 of 3
2001-12-28 15:16:46
Cook County Recorder 25.50

DECEASED JOINT TENANCY AFFIDAVIT



•	
STATE OF ILLINO(S)	
) ss.	
COUNTY OF COOK)	
$O_{\mathcal{K}}$	
VIVERREAN COX	being duly sworn
states that she resides at 2849 W. 140th Street, in the City of Blue	ue Island, Illinois 60406.
4	
That <u>she</u> was acquainted with <u>FERBERT COX</u> ,	deceased who, at
the time of his death, was one of the owners or the land inCo	
Illinois, described as:	
*Ox.	
LOT THIRTEEN IN BLOCK SIX, IN CALIFORN A GARDI	ENS. IN THE NORTH
HALF OF THE SOUTHWEST QUARTER OF SECTION 1,	
RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN	
THEREOF REGISTERED IN THE OFFICE OF THE REGIS	
COOK COUNTY, ILLINOIS, ON APRIL 27, 1954, AS DOC	
1519870 A) # 05 3/5 204 (8) 2	COMENT NOWIBER
1519870 PD-28-01-321-002	- 28-11-321-003
That the deceased died January 28, 1993, as evidenced by a ce	ertified copy of death
certificate of the deceased attached hereto.	C
	-0
That the deceased died:	
X Leaving no Last Will & Testament.	
Leaving a Last Will & Testament a copy of which is at	
of the unproven will should be filed with the Clerk of t	
Circuit Court of County, Ill	inois.
Looving a Last Will 9 Tests at 111 Ct 11 ct	TI 11111 D A
Leaving a Last Will & Testament which was filed in the	e Unproven Will Box of
the Probate Division of the Circuit Court of	County, Illinois

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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, did not exceed the sum of \$150,000 dollars.

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

VIVERREAN COX

The County Clerk's Office

Subscribed and sworn to before me by the said VIVERREAN COX this $\frac{9}{2}$ day of

November, A.D. 2001.

Notary Public

Arthur W. Koehler
Notary Public, State of Illinois
My Commission Exp. 04/18/2003

Mail To:

(Prepared By)
Garth F. Lewis
Spain, Spain & Varnet P.C.
33 North Dearborn Street, Suite 2220
Chicago, IL 60602

G:\APPL\WPDATA\GFL\Jt Ten Aff\Harrell.jta.wpd

	Elos 70	DISPOSITION	lo am	Y		CERTIFIER	: : : : : : :	······································	TO Z	5		CAUSE			ν κο : : : : :	<u>-</u>	┸	PARENTS	<i>_</i>	m (B	DECEASED	>	Hendbook for INSTRUCTIONS	See Funeral Directors, Hospital, or Physicians	Type or Print in	·	DECEDENT'S BIRTH NO.
26a. ▼	DIRECTOR'S SIGNATURE	∓ <u>-</u> 1		PHYSIC	22c J. BRO JAS	22a. SIGNATURE >	21a. TO THE BEST OF MY KNOWLEDGE, DEATH	I(DID) (DIBNOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	20a.		PART II. Other significant conditions of	IMMEDIATE CAUSE (a) STATING THE UNDERLYING	CONDITIONS, IF ANY	disease or condition resulting in death)		errean	15. Herbert	ER-NAME FIRST	STATE ZI	2849 West 1	10. 428-03-7654 RESIDENCE (STREET AND NUMBER)	Š,	BIRTHPLACE (CITYANDSTATEON FOREIGNCOUNTRY) 75 TEENWOOD . MISS	6a. Blue Isl	4. COOK	1. COUNTY OF DEATH	DECEASED-NAME	REGISTERED 7	REGISTRATION /6.3
Yar	High	175	24b. Evergreen	AP OTHER HAN CEHRIFIEH	BROVES DERO H	LEK INPEORPRINT	CURREDAL	CEASED (MC TH, L V, YEAR)	20b.	NAME	AS 1. (C) Other significant conditions contributing to death but not resulting in the enderlying cause given in PART.	DUE TO, OR AS A CONSEQUENCE OF	(b)	(a) Milling m	he diseases, or heart fail	×	ert B. Cox.	MIDDLE,	131. 14a. Bla	th Street	11a Teacher		MARRIED, NEVER MARI WIDOWED, DIVORCED S. IRA MA P. T. E. G.	and		HERBERT B	FIRST MIDDLE	MEDICAL	3).
Loaco		West 159th Street	ME LOCATION 24c. 8700	TYPE OR PRINT)	116H ST.B.	tex VI	14-1 21b. 21b. 21b. 21b. 21b. 21b. 21b. 21b	2	P. I.O.		enderly ing cause given in PART I.	JCE OF	7		or complications that caused the death. Do not ents the ure. List only one cause on each line.	176.Wife	Sr. 16.		Black American Office	ue	CITY, TOWN, TWP, OR ROA	밁	(SPECIFY) NAME OF SURVIVING SPOUSE	St. Francis Ho	(YRS) MOS DAYS 5b. DAYS	COX	DLE LAST	AL CERTIFICATE	STATE OF ILLINOIS
260		Накуру	S. Kedzie	A	LUK ISCA		21b. TO THE CAUSE(S) STATED.	WAS CORONER OR MEDICAL						-	th) mode of dying, such as cardiac	1.c. 2849 W. 140th	Sylvia Sylvia	Æ FIF.ST	OFHISPANIC ORIGIN? (EPEJYYNOO)		Ed.	New	ngspouse (maidenname,ifwife) rean Harrell	Hospital	OURS MIN 5d DECE	Jr. 2 MALE	ŚEX	ATE OF DEATH	NOIS
John L	ନା ⊑ା	S1A11	Chicago, Il 24d Fe	NOTE: IF AN INJURY WA	00	ILLINOIS LICENSE NUMBER	21c. DATE SIGNED	HOUROFDEAT	THREE MONTHS? 200. YES NO NO		AUTOPSY WITE AUTOPSYFI			0 3	T	th St. Blue Isl	Via Cannon Cannon		FUPYWOORYES-IFYES, SPECIFYCUBAN, MEXICAN, PUERTOPICAN, 40;)	s. Yes 13d Co	12. 12+h (COUNTY	N (S. COF ONLY HIGHEST GRADE		8 V	mber 26, 1919	E 3 JANUARY 28	DATE OF DEATH (MONTH, DAY, YEAR)	Ħ	STATÉ FILE NUMBÉR
1888	WBER	ZIP	E (МОНТН. DAY, YEAR) Feb. 3, 1993	H MEDICAL EXAMINER	0.99	MBER	2:07P M.			COMPLETION OF CAUSE OF DEATH (YES MO)	•		ć	HEALD	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH	<u> </u>	C	(MAIDEN) LAST	CAN, PUERTO, RICAN, etc.)	jok	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		WASDECEASEDEVERINUS. ARMEDFORCES? (YES:NO)	Lient	 <u></u> -	1993	Y, YEAR)		

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 Tllinois Statutes relating to THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE FEB 0 2 1993 AT BLUE ISLAND ILLINOIS.

OFFICIAL TITLE, LOCAL REGISTRAR

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