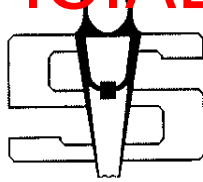


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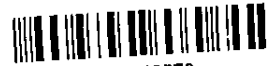
0020618579

4173/0206 20 001 Page 1 of 2
2002-06-03 14:30:44
Cook County Recorder 43.50



Sanctity of Contract

Stewart Title Company of Illinois



0020618579

DECEASED JOINT TENANCY AFFIDAVIT

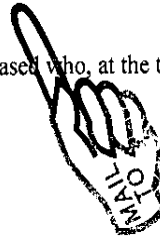
STCI File Number: 212516

212516
STATE OF ILLINOIS)
COUNTY OF) SS.

Miles Jones
being duly sworn states that he resides at 7251 S. Euclid in the City of Chicago

That he was acquainted with Charlotte Jones deceased who, at the time of death, was one of the sworn of the land in _____ County, Illinois, describes as:

see attached



2
P
STEWART TITLE OF ILLINOIS
2 NORTH LaSALLE STREET, SUITE 1920
CHICAGO, IL 60602

That the deceased died 4-7-96 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 _____ dollars.

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

Subscribed and sworn to before me by the said

this 27 day of May, A.D. 192002
Julian Ferrarini
Notary Public

[Signature]
"OFFICIAL SEAL"
JULIAN FERRARINI
Notary Public of Illinois
My Exp. 12/25/2003
(Affiant's Signature)

PIN# 2025-122-006

REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

1608168

DECEASED-NAME Charlotte Ann JONES SEX Female DATE OF BIRTH May 7, 1996

CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER Chicago Ann JONES 2 Female DATE OF DEATH May 10, 1996

AGE LAST BIRTHDAY 54 60 UNDER 1 YEAR 00 00 00 UNDER 5 YEAR 00 00 00 DATE OF BIRTH 13, 1935

HOSPITAL OR OTHER INSTITUTION Michael Reese Hospital

RESIDENCE STREET AND NUMBER 7251 S. Euclid Chicago

FATHER-NAME Willard Jones Sr. MOTHER-NAME Helen Tommie

RELATIONSHIP 17b Husband 17c 7251 S. Euclid, Chicago, Ill. 60649

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) Primary Carcinoma of Liver (b) Acute Aspiration Pneumonia

DATE OF OPERATION, IF ANY 20b MAJOR FINDINGS OF OPERATION

SIGNATURE 22c John Farmer M.D. 9540 S. Lafayette Chicago, Illinois 60620

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

BURIAL CREATION, REMOVAL, SPECIMEN 24a Cremation 24c Dolton Illinois

FUNERAL HOME 25a A.A. Rayner & Sons Funeral Home, 318 E. 71st St, Chicago Illinois 60619

LOCAL REGISTRARS SIGNATURE DATE MAY 10 1996

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO MAY 10 1996

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, BIRTHS 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 APPLIED.

UNOFFICIAL COPY

