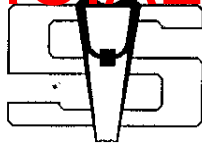


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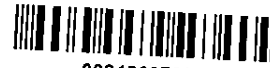
0021260700

3198/0119 10 001 Page 1 of 4  
2002-11-15 10:31:18  
Cook County Recorder 54.50



Sanctity of Contract

Stewart Title Company of Illinois



0021260700

239787

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS.

STCI File Number: 239787

being duly sworn states that Mae Nixon ~~James Thomas~~ ~~she~~ resides at 54415 Kenwood in the City of Chicago ~~Moss Hill~~

That she was acquainted with Lillian Thomas deceased who, at the time of death, was one of the sworn of the land in COOK County, Illinois, describes as:



4  
P  
OFF

That the deceased died 9-17-2001, 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.

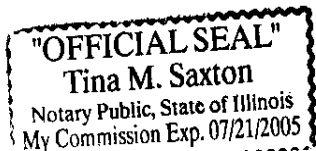
Subscribed and sworn to before me by the said

Mae Nixon

this 4 day of Nov., A.D. 2002

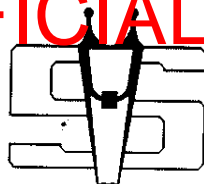
Tina M. Saxton  
Notary Public

Mae Nixon  
(Affiant's Signature)



ST TITLE OF ILLINOIS  
115 STREET, SUITE 1020  
LITTONVILLE, IL 60602

UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF )

STCI File Number: 239787

SS.

Mae Nixon  
being duly sworn states that she resides at 5441 S. Kenwood in the City of Chicago

That she was acquainted with Joseph L. Thomas deceased who, at the time of death, was one of the sworn of the land in \_\_\_\_\_ County, Illinois, describes as:

That the deceased died 12-24-1985 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.

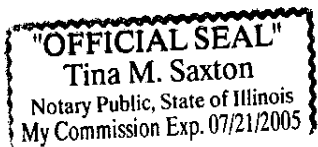
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

Mae Nixon  
this 4 day of Nov., A.D. 2002

Tina M. Saxton  
Notary Public

Mae Nixon  
(Affiant's Signature)



21260700

239787

# UNOFFICIAL COPY

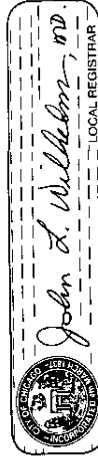
## CITY OF CHICAGO

### DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SEP 24 2001

I, JOHN L. WILHELM, M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

00209212

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

614840

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		COUNTY OF COOK		CITY OF CHICAGO	
REGISTERED NUMBER		MIDDLE		LAST		DATE OF DEATH (MONTH, DAY, YEAR)	
DECEASED-NAME		LILLIAN		THOMAS		2. FEMALE 3. SEPTEMBER 17, 2001	
CITY OF DEATH		COOK		CHICAGO		DATE OF BIRTH (MONTH, DAY, YEAR)	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		4. COOK		5d. MAY 17, 1921		DATE OF BIRTH (MONTH, DAY, YEAR)	
6a. CHICAGO		6b. MERCY HOSPITAL AND MEDICAL CENTER		6c. HOME HOSPITAL		IF HOSPITAL, INDICATE O.O.A. (OPERATOR, PA, INPATIENT (SPECIFY))	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		7. Memphis, TN		8a. Widowed		9. NO	
SOCIAL SECURITY NUMBER		10. 427-30-9279		11a. Homemaker		11b. Own Home	
RESIDENCE (STREET AND NUMBER)		13a. 5441 South Kenwood		13b. Chicago		13c. YES	
STATE		13a. Illinois		13b. Black		13c. YES	
FATHER-NAME		13b. Robert		13c. Wadley		13d. Cook	
INFORMANT'S NAME (TYPE OR PRINT)		17a. BELINDA J. YOUNG		17b. HOSPITAL RECORDS		17c. 2525 S. MICHIGAN CHGO., IL. 60616	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(a) CONGESTIVE HEART FAILURE		(b) DUE TO, OR AS A CONSEQUENCE OF		YEAR	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) CAUSE LAST.		(c) HYPERTENSION, DIABETES, GENERALIZED ARTEROSCLEROSIS		DATE OF OPERATION, IF ANY		DATE OF DEATH	
PART II. Other (significant) conditions contributing to death but not resulting in the underlying cause given in PART I.		HYPERTENSION, DIABETES, GENERALIZED ARTEROSCLEROSIS		DATE OF OPERATION, IF ANY		DATE OF DEATH	
NAME AND ADDRESS OF CERTIFIER		JOHNSON K.J. MAO, M.D. 111 N WABASH AVE. #922 CHGO., IL. 60602		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		JOHNSON K.J. MAO, M.D.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
BIRTHAL CREMATION, REMOVAL (SPECIFY)		24a. Burial		CITY OR TOWN		STATE	
FUNERAL HOME		24a. Oakland Memory Lanes		CITY OR TOWN		STATE	
FUNERAL DIRECTOR'S SIGNATURE		Unity Funeral Parlors, Inc. 4114 South Michigan Ave. Chgo. Ill. 60653		CITY OR TOWN		STATE	
LOCAL REGISTRAR'S SIGNATURE		John L. Wilhelm, M.D.		CITY OR TOWN		STATE	
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		SEP 21 2001		CITY OR TOWN		STATE	

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Property of Cook County Clerk's Office

**UNOFFICIAL COPY**

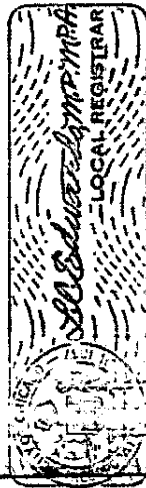
December 27, 1985

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SS

I, LONNIE C. EDWARDS M.D. M.P.A., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

00709212



**THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED**

625619

**MEDICAL CERTIFICATE OF DEATH**

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

**DECEASED - NAME**  
FIRST: JOSEPH MIDDLE: L. LAST: THOMAS

**DATE OF DEATH** (MONTH, DAY, YEAR): 12-24-1985

**SEX**: 2. MALE

**DATE OF BIRTH** (MO., DAY, YEAR): 6-9-10-1923

**COUNTY OF DEATH**: Cook

**RACE** (WRITE PLACK, AMERICAN OR DESCENT (SPECIFY)): AMER

**CITIZENSHIP** (IF NOT IN U.S.): U.S.A.

**CITIZEN OF WHAT COUNTRY**: Chicago

**USUAL OCCUPATION**: MACH. OPERATOR STEEL MILL

**NAME OF SURVIVING SPOUSE** (MAIDEN NAME, IF WIFE): LILLIAN WADLEY

**RESIDENCE** (STREET AND NUMBER): 5441 S. KENWOOD CHICAGO

**MOTHER - MAIDEN NAME**: ANNIE WALLACH

**RELATIONSHIP**: 17b. WIFE

**MAILING ADDRESS** (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): 17c. 5441 S. KENWOOD CHGO. ILL. 60615

**DEATH WAS CAUSED BY** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

**(a) IMMEDIATE CAUSE**: Cardiac arrest

**(b) DUE TO OR AS A CONSEQUENCE OF**: Laryngeal carcinoma with local mets

**(c) DUE TO OR AS A CONSEQUENCE OF**: diabetes mellitus, hypercalcemia, pneumonia

**MAJOR FINDINGS OF OPERATION**: DATE OF OPERATION, IF ANY

**DATE OF DEATH** (MONTH, DAY, YEAR): 12-16-85

**HOUR OF DEATH**: 5:55 P. M.

**DATE SIGNED** (MO., DAY, YR.): 12/26/85

**ILLINOIS LICENSE NUMBER**: 036070801

**NAME AND ADDRESS OF CREMATOR** (NAME, CITY OR TOWN, STATE, DATE): ELIZABETH C. GATH, MD 780 S. NOLCOTT, CHGO

**NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER** (TYPE OR PRINT):

**CEMETERY OF CREMATOR** (NAME, CITY OR TOWN, STATE, DATE): OAKLAND MFM GAR., DOLTON, ILLINOIS

**BURIAL** (STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE):

**FUNERAL HOME** (NAME, STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE): ANDREWS FUNERAL HOME 10834 S. MICHIGAN AVE. CHICAGO, ILLINOIS 60628

**FUNERAL DIRECTOR'S SIGNATURE** (NAME, TITLE, ADDRESS): Lonnie C. Edwards M.D. M.P.A.

**LOCAL REGISTRAR'S SIGNATURE** (NAME, TITLE, ADDRESS):

**DATE** (MONTH, DAY, YEAR): DEC 27 1985

**DATE REC'D BY LOCAL REGISTRAR** (MONTH, DAY, YEAR):

**FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER**: 7576

**STATE**: ILLINOIS

**DATE** (MONTH, DAY, YEAR): 12-28-1985

**NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

**STATE**: ILLINOIS

**DATE** (MONTH, DAY, YEAR):

**NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

**STATE**: ILLINOIS

**DATE** (MONTH, DAY, YEAR):

**NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

**STATE**: ILLINOIS

**DATE** (MONTH, DAY, YEAR):

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