

DECEASED JOINT
TENANCY AFFIDAVIT



STATE OF ILLINOIS

COUNTY OF

Paul King

being duly

sworn states that I resides at 7940 Kingsrow
AVE in the City of Chicago
IL. 60617

That I was acquainted Eula King
deceased who, at the time of
death, was one of the owners of the land in Cook

County, Illinois, described as:

Lot 46 and the South half of lot 47 in block 2 in 79th St.
Addition to Cheltenham Beach, said Addition being a
subdivision of that part of the West 1/2 of the NW 1/4 of
Section 31, Township 38 North, Range 15, East of the Third
Principal Meridian, lying NE of the right of way of the Baltimore
P.I.N. 21-31-102-023-0000 and Ohio Railroad Co.
in Cook County, IL.

That the deceased died Feb. 14-90
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

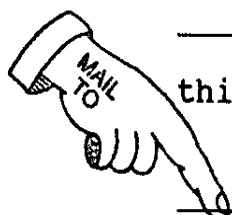
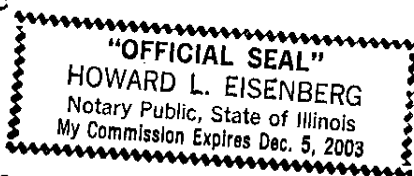
PAUL KING

this 27th day of MARCH, A.D. 2000

Howard L. Eisenberg
Notary Public

X Paul King
(affiant signature)

PAUL KING
7940 Kingsrow AVE
Chicago, IL. 60617-1253



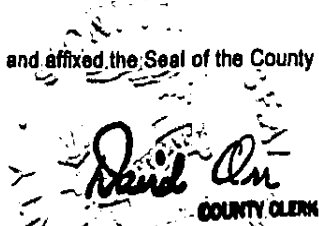
STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

MAR 15 2000

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.



REGISTRATION DISTRICT NO **16.10**

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **603263**

1 DECEASED NAME: FIRST **EULA**, MIDDLE **KING**, LAST **KING**, SEX **FEMALE**, DATE OF DEATH (MONTH, DAY, YEAR) **FEBRUARY 14, 1991**

4 COUNTY OF DEATH **COOK**, AGE - LAST BIRTHDAY (YRS) **5a 46**, UNDER 1 YEAR **5b**, UNDER 1 DAY **5c**, DATE OF BIRTH (MONTH, DAY, YEAR) **5d JULY 14, 1944**

6a CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**, 6b HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **SOUTH SHORE HOSPITAL**, 6c IF HOSP. OR INST. INDICATE C.D. (COP/EMER) OR INPATIENT (SPECIFY) **Emer. Room**

7 BIRTHPLACE (CITY AND STATE OR COUNTRY) **Drew, Miss.**, 8a MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED**, 8b NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **PAUL KING**, 8c WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **NO**

10 SOCIAL SECURITY NUMBER **349-36-4907**, 11a USUAL OCCUPATION **HOME MAKER**, 11b KIND OF BUSINESS OR INDUSTRY **At Home**, 12 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **10 none**

13a RESIDENCE (STREET AND NUMBER) **7940 South Kingston**, 13b CITY, TOWN, TWP. OR ROAD DISTRICT NO **Chicago**, 13c INSIDE CITY (YES/NO) **Yes**, 13d COUNTY **Cook**

13e STATE **Illinois**, 13f ZIP CODE **60617**, 14a RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) **Black**, 14b OF HISpanic ORIGIN? (SPECIFY YES OR NO) **NO**

15 FATHER - NAME FIRST **William**, MIDDLE **Alfred**, LAST **Fier's**, 16 MOTHER - NAME FIRST **Birda**, MIDDLE **Davis**, LAST **Davis**

17a INFORMANT'S NAME (TYPE OR PRINT) **Paul King**, 17b RELATIONS **Husband**, 17c MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) **7940 South Kingston, Chicago, Ill.**

18 PART I: Enter the diseases, or complications that caused the death. Do not enter mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death) **(a) Coronary artery disease** 2 yrs

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST **(b) Cerebral vascular accident** 1 yr

(c) Diabetes Mellitus Many yrs

PART II: Enter significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a UTOP BY (YES/NO) **NO**, 19b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

20a DATE OF OPERATION IF ANY **1990**, 20b MAJOR FINDINGS OF OPERATION **Coronary bypass surgery**, 20c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **NO**

21a (1) DID (NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) **OCT 31 1990**, AND LAST SAW HIM/HER ALIVE ON **more than 6 months**, 21b WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **Yes**, 21c HOUR OF DEATH **3:35 a.m.**

22a TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

22b SIGNATURE **Dr. Jafer Al-Sadir, M.D.**, 22c DATE SIGNED (MONTH, DAY, YEAR) **2/15/91**

22d NAME AND ADDRESS OF CERTIFIER **Dr. Jafer Al-Sadir, University of Chicago**, 22e ILLINOIS LICENSE NUMBER **36-045135**

23 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER

24a BURIAL, CREMATION REMOVAL (SPECIFY) **burial**, 24b CEMETERY OR CREMATORY - NAME **Oakland Memory Lanes**, 24c LOCATION **Volton**, CITY OR TOWN **Illinois**, STATE **Illinois**, DATE (MONTH, DAY, YEAR) **Feb. 19, 1991**

24d FUNERAL HOME NAME **Slaughter & Sons Funeral Directors, Ltd.**, STREET AND NUMBER OR R.F.D. **2024 E. 75th Street**, CITY OR TOWN **Chicago**, STATE **Ill.**, ZIP **60649**

25a FUNERAL DIRECTOR'S SIGNATURE **Benita E. Slaughter, Denise E. Slaughter**, 25b FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **8981**

25c LOCAL REGISTRAR'S SIGNATURE **Virginia L. Park, M.B.A.**, 25d DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **FEB 17 1991**

26a 26b