



③ H22057380CTI

UNOFFICIAL COPY

0021398757

3/92/0213 18 001 Page 1 of 3
2002-12-17 11:09:56
Cook County Recorder 50.00

CHICAGO TITLE INSURANCE COMPANY
505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT



0021398757

STATE OF ILLINOIS }
COUNTY OF } ss.

Order No.: 1408 TEST0000 HE

3250

Addie J. Robinson

being duly sworn states that she resides at 4915 W. Van Buren
in the City of Chicago, IL 60644

That she was acquainted with Josephine Robinson deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

4915 W. Van Buren
Chicago, IL 60644

That the deceased died on July 13th, 1998, 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 or unproven will should be
filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

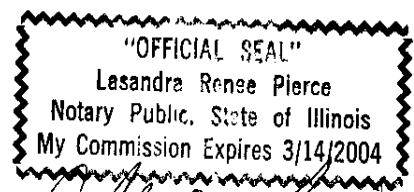
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit
Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, including both real and personal property owned by the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy,

Subscribed and sworn to before me by the said

this 25th day of November, A.D. 2002



[Signature]
Notary Public

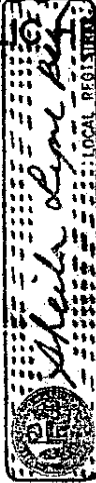
X [Signature]
(Affiant's Signature)

BOX 333-CTI

21398757

UNOFFICIAL COPY

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH



STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 6 1998

I, SHEILA LYNE, RSM, 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 LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH 611297

DISTRICT NO. 10.11		DECEASED-NAME Josephine Robinson		SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) July 13th, 1998
REGISTERED NUMBER	AGE-LAST BIRTH (DAY, MONTH, YEAR) 81	UNDER 1 DAY HOURS MIN. 5d	DATE OF BIRTH (MONTH, DAY, YEAR) January 15th, 1917		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Loretto Hospital	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Emergency Room		IF HOSP. OR INST. INDICATE D.O.A. OPERATOR, P.M. INPATIENT (SPECIFY)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Milwaukee, WI	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 for 8+)		9. NO ARMED FORCES? (YES/NO) NO	
SOCIAL SECURITY NUMBER 343-52-0834	USUAL OCCUPATION HOMEMAKER	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		COUNTY COOK	
RESIDENCE (STREET AND NUMBER) 4915 W. Van buren	11b. AT HOME	INSIDE CITY (YES/NO) Yes		13c. COOK	
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER) Black	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: VIOLA JOHNSON		MOTHER-NAME FIRST MIDDLE LAST	
FATHER-NAME FIRST MIDDLE LAST BILL JOHNSON	RELATIONSHIP Daughter	16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 145 S. Central, Chicago, Illinois 60604		17a. Marilyn Hamer	
18. PART I. 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.					
Immediate Cause (Final disease or condition resulting in death) (a) Disseminated Vascular Coagulopathy					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) Hemorrhage					
STATING THE UNDERLYING CAUSE LAST (c) Profound Abdominal Pain					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Profound Abdominal Pain					
DATE OF OPERATION, IF ANY 7/12/98		MAJOR FINDINGS OF OPERATION Profound Abdominal Pain		19b. NO	
20a. (100) (DID NOT ATTEND THE DECEASED) AND LAST SAW HIM/HER ALIVE ON 7/12/98		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Home		HOUR OF DEATH 7:13 PM		DATE SIGNED (MONTH, DAY, YEAR) 7/13/98	
22a. SIGNATURE Sheila Lyne		ILLINOIS LICENSE NUMBER 36-42357		22b. 7/13/98	
22c. NAME AND ADDRESS OF CERTIFIER M. JASUJA MD 15132 Summit Park Terrace		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) MATTU MD		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23. BURIAL CEMETERY, REMOVAL (SPECIFY) BURIAL		LOCATION HILLSIDE ILLINOIS		DATE (MONTH, DAY, YEAR) 24d. JULY 18 1998	
24a. OAKRIDGE CEMETERY		STREET AND NUMBER OR R.F.D. 5345 W MADISON		STATE ILLINOIS ZIP 60644	
25a. Corbin Colonial Funeral Chapel		FUNERAL HOME 5345 W MADISON CHICAGO ILLINOIS 60644		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012108	
25b. Sheila Lyne, RSM		FUNERAL DIRECTOR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 15 1998	
25c. Sheila Lyne, RSM		LOCAL REGISTRAR'S SIGNATURE		26b. JUL 15 1998	
26a. Sheila Lyne, RSM		LOCAL REGISTRAR'S SIGNATURE		26c. 1/1	

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

Illinois Department of Public Health—Division of Vital Records

VR200 (Rev. 5-25)

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1408 H22057380 HE
STREET ADDRESS: 4915 W VAN BUREN
CITY: CHICAGO COUNTY: COOK
TAX NUMBER: 16-16-220-014-0000

LEGAL DESCRIPTION:

LOT 35 IN CARTER H. HARRISON'S SUBDIVISION OF LOTS 20 AND 21 OF SCHOOL TRUSTEE'S
SUBDIVISION OF THE NORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13, EAST
OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

Prepared by /mail to:

Harris Bank Consumer Lending Center

3800 Golf Rd. Ste. 300

Rolling Meadows, IL 60008