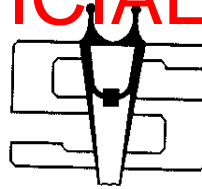


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3934/0083 44 001 Page 1 of 3
2002-12-18 10:58:57
Cook County Recorder 50.50



Sanctity of Contract

Stewart Title Company of Illinois



0021406384

2 NORTH LA Salle STREET, SUITE 1820
CHICAGO, IL 60602
STEWART TITLE OF ILLINOIS

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF)

SS.

STCI File Number: 258231

being duly sworn states that Michael L Adams
Chicago resides at 4825 S. Kipton in the City of

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

see Attached

3
p
pw

That the deceased died June 20, 1981 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 600,000 dollars.

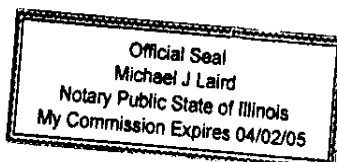
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this DEC - 6 2002 day of _____ A.D. 19 _____

Notary Public

(Affiant's Signature)



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Property of Cook County Clerk's Office

LOT 7 IN L.E. COOPER'S SUBDIVISION RESUBDIVISION OF CERTAIN LOTS IN
BLOCKS 2, 3, 6, 7, 10 AND 11 IN BARTLETT'S CENTERFIELD SUBDIVISION IN
THE WEST 1/2 OF THE NORTHWEST 1/4 EXCEPT THE EAST 158 FEET, SECTION OF
10, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN
IN COOK COUNTY, ILLINOIS. 19-10-109-027

Michael Adams
4825 S. Kilpatrick
Chicago, IL.

0021406384

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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.

David Orr
0021409384 CLERK

BIRTH NO. REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **613256**

MEDICAL CERTIFICATE OF DEATH

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1. **NORMA JEAN ADAMS** 2. **Female** 3. **June 20, 1981**

RACE (WHITE, BLACK, AMERICAN INDIAN OR DESCENT) AGE - LAST BIRTHDAY (M Y) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MO. DAY YEAR) COUNTY OF DEATH
4a. **White** 4b. **American** 5a. **35** 5b. **MOY** 5c. **DAY** 5d. **HOURS** 5e. **MIN** 6. **Feb 19, 1946** 7a. **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE OCA, OFFICER, RM. INPATIENT (SPECIFY)
7b. **Chicago** 7c. **4825 S. Kilpatrick Avenue** 7d. **Home**

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. **Illinois** 9. **U.S.A.** 10. **Married** 11. **Michael Adams**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN (YES/NO) WAR OR DATES OF SERVICE
12. **329-38-3048A** 13a. **Housewife** 13b. **At Home** 13c. **No** 13d. **----**

RESIDENCE STREET AND NUMBER CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY STATE
14a. **4825 S. Kilpatrick Ave.** 14b. **Chicago** 14c. **Yes** 14d. **Cook** 14e. **Illinois**

FATHER - NAME FIRST MIDDLE LAST MOTHER - MAIDEN NAME FIRST MIDDLE LAST
15. **Louis Godlewski** **Lillian Peters**

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. *Michael Adams* 17b. **Husband** **4825 S. Kilpatrick Ave. Chicago, Ill.**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE - SELECT ONE (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE

(a) **Metastatic Cervical Cancer** 9 MONTHS
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.
(b) DUE TO, OR AS A CONSEQUENCE OF
(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 19a. **No** 19b. **----**

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. **----** 20b. **----**

ATTENDED THE DECEASED FROM: (MONTH DAY YEAR) TO (MONTH DAY YEAR) AND LAST SAW HIM/LER ALIVE ON (MONTH DAY YEAR) TIME OF DEATH
21a. **4/1/81** 21b. **6/20/81** 21c. **5/20/81** 21d. **11:50A**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE SIGNED (MONTH DAY YEAR)
22a. SIGNATURE *William S. Chaff* 22b. **June 22, 1981**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. **8117 VALLEY PARK PRICES HILLS ILL 60966** 22d. **30 53590**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER MUST BE NOTIFIED
23. **----**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY, OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
24a. **Burial** 24b. **St. Mary** 24c. **Evergreen Park, Illinois** 24d. **June 23, 1981**

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. **Blake-Lamb Funeral Home** **5800 W. 63rd Street** **Chicago, Illinois** **60638**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. *M. J. Ambrose* 25c. **F-175**

LOCAL REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL REGISTRAR (MONTH DAY YEAR)
26a. *Frederick* 26b. **JUN 23 1981**