

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF } ss.	Order No.: 1401 - 007636912 F1
being duly sworn states that HE resides in the City of HILATEV That HE we acquainted with Heles	
That HE we acquainted with Heles was one of the owners of the land in	deceased who, at the time of death, County, Illinois, described as:
mail to pre	phy: Hyde Park Bank 1525 E. 53rdst. Chicago II Leouis
That the deceased died	, as evidenced by a certified copy of death
That the deceased died:	
Leaving no Last Will & Testament.	C ₂
Leaving a Last Will & Testament a copy of filed with the Clerk of the Probate Division	which is attached hereto. The original of the opproven will should be 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 County, Illinois about
That the total value of the estate of the deceased, is 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 indu describing the above mentioned property.	cing Chicago Title Insurance Company to issue its Title Insurance Policy,
Subscribed and sworn to before me by the said	"OTTICIAL SHAL" PROBLE
GEONGE DAVISM.	NOTARY PUBLIC STATE OF ILLINOIS
this 8th day of MAM	
Notary Public	Denzo, Signature)
DITAFF	
	BOX 333-CTI

JUL 141997

i, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keepe: of the Hecords 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 WHEREOF, 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.

City of Chicago, in said County.

00384975

		Capera minore in the per the last		经验从证明的经验的证明	SALE AND REAL PROPERTY.		
DECEDENT'S SIRTH NO.	nedistigation	STATE OF ILLINOIS STATE FILE					
	DISTRICT NO			NUN	ATE FILE IMBER		
5 Oda la	REGISTERE U. LV NUMBER DECEASED-NAME		CERTIFICATE OF		614481		
Type or Print in PERMANENT INK See Funeral Directors,	DECEASED-NAME	FIRST MIDDLE	ALL SEX				
Hospital, or Physiciana Handbook for	COUNTY OF DEATH	AGE-LAST	UNDER 1 YEAR UNDER 1 DAY	TOAL COFBIRTH MONTH DAY, YE			
INSTRUCTION	1. (1)	O/C BIRTHDAY (YAS)	SI MOS DAYS HOURS MIN	LUCTOBER 28.			
	CITY, TOWN, TWP, OR BOAD DISTRIC	AGO R	OTHER INSTITUTION NAME OF NOT IN STITUE	ER GIVE STREET AND NUMBERS	F HOSP, OR INST, INDICATE D.O.A. OP/EMER, RIA, IMPATENT (SPECIFY)		
A	6a. BIT.THIPLACE (CITYANDSTATE OR	MARRIED NEVER MARRIED	NAME OF SURVIVING SPOUSE IN	HEN CENTER	e Jupations		
PARCEASEDAY	CPICAGO, IL.	Ba. MARRIED	8b. GEORGE DAVIS	S. SR.	WAS DECEASED EVER IN U ARMED FORCES? (VES N 9 NO		
8	SOCIAL SECTIFITY NUMBER		RV SURPEBUSINESS OR INDUSTRY	Y EDUCATION (SPECIFY ONLY HIS F entary/Secondary (0-12)	HIGHEST GRADE COMPLETED		
C	10. 355-20-7947 RESIDENCE (SIREF/APCING REER)	11 OPERATIONAL	TITE DIAL CORP.	12 12TH	Catege (1-d ar 5 +)		
c	13a. 8614 SOUTE AVA		TY, TOWN, TWP, OR ROAD DISTRICT NO	(YESANO)	COUNTY		
}	STATE DIP OF	DE PACE (WHITE BLACK,	ID. CHICAGO AMERICAN OF HISPANIC ORIGIN?	13cYES 11	13d. COOK YORKA MEDICAN PUBLIFORMAN		
ι		FUO. 9 14a. BLACK	l	() SS SPECIFY:			
PARENTS		MIDDLE LAST	MOTHER NAME FI	FIRS / MIDDLE	(MAIDEN) LAST		
_	15. COLUMBUS INFORMANT'S NAME (TYPE OR PRINT)	CLA		MAE CRA	AWFORD		
1,,	17a. GEORGE DAVIS SI		1	RESS (STREET AND NO ORRED CITY			
2	18. PARTI. Enter the d	diseases or como carioes	17b. HUSBAND 17c8614 S of the death. Do not enter the mode of dying, s	S. AVALON AVE. C.	CHGO II. 60619		
3	Immediate Cause (Final)	r heart (dilur). List only (ie caus) on	each fine	Andrea and approximate an employment of the entire	BETWEEPLONGET AND DEATH		
	dissess or condition resulting in death) (a)	ETO, OR AS A CONSEQUENCE	L'A	<u> </u>	2 NAYS		
	CONDITIONS, IF ANY		PARER		Q Inc		
- CAUSE -		ETO, ORAS ACONSEQUENCE OF	///CG/C		8 marin		
	CAUSE LAST. (c)						
4	PART II. Other significant conditions contribute	ang to death? ut not resulting in the underlying i	Chuse gwen at PART I	AUTOPSY IYESHO!	CONTRATOR CHEST OF GLATACITES		
5	DATE OF OPERATION, IF ANY	MAJOR FINE NGS OF OPERATION		19a. (U	196.		
P		20b.	'CVA	THREE MONT			
	I (DID) (DID NOT) ATTEND THE DECEASE AND LAST SAW HIMMER ALIVE ON		- WAY	CONTROPMENICAL INCURRE	ES [] ,NO []		
	21a.	1/ 1/8/1/9	/	VERNOTIFIED? MESHON	4115- PM		
	TO THE BEST OF MY KNOWLEDGE DE	ATHOCCUPIESDAT THE TIME DAIL	POND PLACE AND DUE TO THE CAUSE!	(S, C ATED DATE SIG	4		
4 CERTIFIER :	22a. SIGNATURE ▶ NAME AND ADDRESS OF CERTIFIER	(TYPE DR/PHIT)	10,00	220. A	146, 2,1995		
	22 DR. VHILIP/20	0NOMP 1653	W Conkness PKu	CHU THE THINOIS	CUENSE NUMBER		
	NAME OF ATTENDING PHYSICIAN IF OT	HER THANKERTIFIER (TYPE)	OR PRINT)		MELYBA MYT WAS TANKED MILES		
>	23. BURIAL, CREMATION. CEMETI	TERY OR CREMATORY-NAME		MU ITA' K	E CORG. TROS HETICAL EXAMINES ATTIFICAL		
	REMOVAL(SPECIFY)	TEHYORCREMATORY- <i>NAME</i> DAK WOODS CEMETER	LOCATION CITYORET	,	DATE MONTH DAY, YEARD		
			124C OHLONGO 9 1	ILLINOIS TY OR TOWN STAT	24dAUG. 5,1995		
DISPOSITION	25a CHAS.S.JACKSON F	UNERAL HOME 735	O S.COTTAGE GROVE A	*****	· .		
í	FUNERAL DIRECTOR SSIGNATURE	2/ //	1	FUNERAL DIRECTOR'S ALLNOIS	SLICENSE HUMBER		
	LOCAL REGISTRAP SIGNATURE D	n Augras	<u>/</u>	25c. 034-01099) 4		
i	26a Della	- deane	RSM	DATE FLED BY LOCAL REGISTRA	ARINGHT DAY, YEAR		
-	VR200 (Rev. 5/89)		c Health—Division of Vital Records		N 1989U-S STANDARGCERTHYCAT		

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LEGAL DESCRIPTION

00384975

LOT 123 IN J. E. MERRION'S MARYNOOK ADDITION, BEING A RESUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHEAST 1/4 AND PART OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 8614 SOUTH AVALON AVENUE, CHICAGO, ILLINOIS 60619-6410 PIN #20-35-320-045-0000

HYDE PARK BANK AND TRUST COMPANY,
1525 E. 53rd STREET
CHICAGO, ILLINOIS 60615