

UNOFFICIAL COPY
CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK }

ss.

ORDER NO.:



Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 06/10/2003 11:18 AM Pg: 1 of 2

Margie W. King

being duly sworn states that she resides at 7817 S. East End Avenue
in the City of Chicago

That she was acquainted with Thomas D. King deceased who, at the time of
death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 42 in block 27 in Southfield, being a subdivision of blocks 17, 18, 19, 22, 23, 24, 26, 27, 28, 29, 30,
31 and 32 in James Stinson's Subdivision of East Grand Crossing in the South West quarter of Section 25,
Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois (20-25-326-
001-000).

That the deceased died, as evidenced by a certified copy of
death certificate of the deceased attached hereto.

That the deceased died:

- X 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 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.

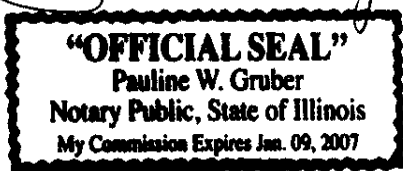
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance
Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 7th day of May, A.D. 2003

Pauline W. Gruber
Notary Public

Margie W. King
(Affiant's Signature)



# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook )

DAVID ORR, County Clerk

MAY 30 2003

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*  
COUNTY CLERK

DISTRICT NO <b>10.10</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>				<b>610305</b>	
DECEASED NAME FIRST MIDDLE LAST <b>THOMAS O. KING</b>		SEX <b>MALE</b>		DATE OF DEATH (MONTH DAY YEAR) <b>3 MAY 26, 1991</b>			
COUNTY OF DEATH <b>COOK</b>		AGE LAST BIRTHDAY (YRS) MO'S DAYS <b>5a 61 5b</b>		UNDER 1 YEAR UNDER 1 DAY <b>5c</b>		DATE OF BIRTH (MONTH DAY YEAR) <b>5d January 12, 1930</b>	
CITY-TOWN-TWP OR ROAD DISTRICT NUMBER <b>6a CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME IF NOT WEATHER GIVE STREET AND NUMBER <b>6b UNIVERSITY OF CHICAGO HOSPITALS</b>				IF HOSP OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY) <b>6c INPATIENT</b>	
BIRTHPLACE (CITY AND STATE) OR FOREIGN BIRTHPLACE <b>HOLLY SPRGS. MISSISSIPPI</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>6d MARRIED</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>6e MARGIE WILLS</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>6f NO</b>	
SOCIAL SECURITY NUMBER <b>10 361-24-6956</b>		USUAL OCCUPATION <b>11a DISABLED</b>		KIND OF BUSINESS OR INDUSTRY <b>11b</b>		EDUCATION (SPECIFY ONE) HIGHEST GRADE COMPLETED <b>12 9</b>	
RESIDENCE (STREET AND NUMBER) <b>13a 7817 S. EAST END</b>		CITY-TOWN-TWP. OR ROAD DISTRICT NO. <b>13b CHICAGO</b>		INSIDE CITY (YES/NO) <b>13c YES</b>		COUNTY <b>13d COOK</b>	
STATE <b>13e ILLINOIS</b>		ZIP CODE <b>13f 60649</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a BLACK</b>		OF HISPANIC ORIGIN? (SPECIFY) YES OR NO YES SPECIFY (CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>14b KING YES SPECIFY</b>	
FATHER NAME FIRST MIDDLE LAST <b>15 JAMES NORTHERN KING</b>		MOTHER NAME FIRST MIDDLE LAST (MAIDEN) LAST <b>16 LILLIAN R. JONES</b>					
INFORMANT'S NAME (TYPE OR PRINT) <b>17a RUSSELL JONES I</b>		RELATIONSHIP <b>17b RECORDS</b>		MAILING ADDRESS (STREET, APO, RM, BOX, ETC.) CITY OR TOWN, STATE, ZIP <b>17c 5841 SOUTH MARYLAND CHGO, IL 60637</b>			
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. (Specify locale, if relevant.)							
Immediate Cause (Final disease or condition resulting in death)		(a) <b>SEPSIS</b> DUE TO, OR AS A CONSEQUENCE OF				APPROXIMATE PERIOD BETWEEN ONSET AND DEATH <b>2 DAYS</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.		(b) <b>ASPIRATION PNEUMONIA, LEFT LOWER LOBE</b> DUE TO, OR AS A CONSEQUENCE OF				<b>4 DAYS</b>	
		(c)					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY <b>20a</b>		MAJOR FINDINGS OF OPERATION <b>20b</b>					
1 (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a MAY 26, 1991</b>				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? <b>21b</b>		MODE OF DEATH <b>21c 10:21 AM</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a SIGNATURE <i>Stephanie Green, MD</i>		NAME AND ADDRESS OF CERTIFIER <b>5841 SOUTH MARYLAND CHICAGO, IL 60637</b>				DATE SIGNED (MONTH DAY YEAR) <b>22b MAY 26, 1991</b>	
22c		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				ALL ILLINOIS LICENSE NUMBER <b>22d 125-025196</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY):							
24a BURIAL		CEMETERY OR CREMATORY - NAME <b>24b OAK WOODS CEMETERY</b>		LOCATION (CITY OR TOWN) STATE <b>24c CHICAGO ILLINOIS</b>		DATE (MONTH DAY YEAR) <b>24d 6/1/91</b>	
25a GATLING'S CHAPEL, INC. 10133 S. HALSTED CHICAGO, ILLINOIS 60628		FUNERAL DIRECTOR'S SIGNATURE <i>Marquerite Gatling</i>					
25b		LOCAL REGISTRAR'S SIGNATURE <i>Dignita Parker, HBA</i>				LOCAL REGISTRAR'S LICENSE NUMBER <b>25c 9488-01380</b>	
26a		DATE OF LOCAL REGISTRATION (MONTH DAY YEAR) <b>26b MAY 30 1991</b>					