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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

04013063

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

Gloria Burt being duly sworn
states that she resides at 0626 N LOOMIS in the City of
Chicago

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

The South 1/2 of Lot 10 and all of Lot 11 in Block 5 in Charles E Piper's subdivision of the South 1/2 of the Northeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of the East 1/2 of the Southwest 1/4 of the Southwest 1/4 of the Southwest 1/4 of the Southeast 1/4 of the Southwest 1/4 of the Southwest 1/4 of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

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20-32-326-022

That the deceased died May 21, 1994 as evidenced by a certified copy of death certificate of the deceased attached hereto. - DEPT-01 RECORDING \$23.50

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 _____

T#2222 TRAN 2451 12/02/94 11:38:00
\$8231 + KE *-04-013063
COOK COUNTY RECORDER

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 less than \$25,000 dollars.

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

Subscribed and sworn to before me by the said

Gloria Burt

this 1st day of Dec., A.D. 19 94

Lynda S. Milkau
Notary Public

Gloria Burt
(affiant's signature)

FORM 3703

OFFICIAL SEAL
LYNDA S MILKAU
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. DEC. 30, 1996

2350

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

Date May 24, 1994 Signed [Signature]

At Cook County Department of Public Health Official Title Chief Deputy Registrar, 1010 Lake Street, Oak Park, Illinois 60301

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER 352 May 94
MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

1. DECEASED NAME: **DONNA JOY GRAY** SEX: Female DATE OF BIRTH: MOON DAY YEAR
 COUNTY OF DEATH: **COOK** AGE: 33 MONTHS: 1 DAYS: 1 DATE OF BIRTH: MAY 4, 1961
 CITY, TOWN, TRIP, OR ROAD DISTRICT NUMBER: **CHICAGO, ILL.** HOSPITAL OR OTHER INSTITUTION: **CAHLEST MEMORIAL HOSPITAL**
 DEPARTMENT: **CHICAGO, ILL.** HOSPITAL OR OTHER INSTITUTION: **CAHLEST MEMORIAL HOSPITAL**
 ICD-9 CODE: **010**

2. OAKLAWN CHICAGO, ILL. HUSBAND, MARRIED, NEVER MARRIED, DIVORCED, SEPARATED, WIDOWED, SINGLE, SECURITY NUMBER: **112 NURSE**
 USAR OCCUPATION: **CHICAGO** CITY, TOWN, TRIP, OR ROAD DISTRICT NO.: **CHICAGO**
 RESIDENCE STREET NUMBER: **8626 SO. LOOMIS** CITY, TOWN, TRIP, OR ROAD DISTRICT NO.: **CHICAGO**
 STATE: **ILLINOIS** ZIP CODE: **60620** PLACE OF BIRTH: **BLACK**
 RACE: **BLACK** MOTHER-MALE: **GLORIA BENNEY** MOTHER-MALE: **GLORIA BENNEY**

3. HAMP BURT RELATIONSHIP: **MOTHER** MAILING ADDRESS: **6201 SO. COTTAGE GROVE CHGO, IL**
 4. GLORIA BURT RELATIONSHIP: **MOTHER** MAILING ADDRESS: **6201 SO. COTTAGE GROVE CHGO, IL**
 5. **GLAND SHOT SOUND** (Handwritten note)
 6. **AB DWERS** (Handwritten note)

7. NATIONAL ACCIDENT HONOR CODE: **DOMICIDE** DATE OF BIRTH: **5-30-64** HOUR: **11:15 P** HOW BIRTH OCCURRED: **DOMESTIC ACCELERATED**
 PLACE OF BIRTH: **RESIDENCE** LOCATION: **CHICAGO** CITY, TOWN, TRIP, OR ROAD DISTRICT NO.: **CHICAGO**
 8. **RESIDENCE** LOCATION: **CHICAGO** CITY, TOWN, TRIP, OR ROAD DISTRICT NO.: **CHICAGO**
 9. **RESIDENCE** LOCATION: **CHICAGO** CITY, TOWN, TRIP, OR ROAD DISTRICT NO.: **CHICAGO**

10. IDENTIFY THAT IN ANY OPINION, USED BY AN INVESTIGATOR AND/OR THE INQUESTOR, THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) LISTED AND THAT:
 11. **WILB LADLER, MD** (Handwritten signature)
 12. **MITRA KALEKAR, MD** (Handwritten signature)
 13. **CHICAGO** (Handwritten location)
 14. **CHICAGO** (Handwritten location)
 15. **CHICAGO** (Handwritten location)

16. LOCAL REGISTRAR'S SIGNATURE: **KAREN E. SPAIN** DATE FILED: **MAY 27, 1994**
 17. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED: **MAY 27, 1994**
 18. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED: **MAY 27, 1994**

04013053

GLORIA BURT
 8626 S. LOOMIS
 CHGO, IL 60620