

# UNOFFICIAL COPY



Doc#: 0413544080  
Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 05/14/2004 01:11 PM Pg: 1 of 2

## AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF ILLINOIS  
SS  
COUNTY OF COOK

RITA LYDIA GRAY, being first duly sworn, upon oath deposes and says:

That she resides at 1008 N. Hoyne Avenue, in the City of Chicago, Illinois, and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown situated in said Cook County, Illinois described as follows:

Lot 8 in the Subdivision of the South 1/2 of Block 7 in Suffern's Subdivision of the Southwest 1/4 of Section 6, Township 39 North, Range 14, East of the Third Principal Meridian, according to the Plat thereof Recorded April 12<sup>th</sup>, 1886 as Document 706538, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 17-06-314 021-0000

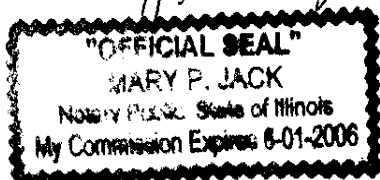
Affiant states that WILLIAM CLAY GRAY, one of said owners in joint tenancy, died intestate, in the City of Chicago in the State of Illinois as in confirmed by a Certificate of Death of the health department of said municipality hereto attached.

Further, that the affiant makes this affidavit and affiant guarantees the truth of the statements herein contained.

*Rita Lydia Gray*  
RITA LYDIA GRAY

Subscribed and Sworn to before me  
this 13<sup>th</sup> day of May, 2004.

*Mary P. Jack*  
Notary Public



*MARY TO*  
*W* ROBERT J. GRAY SR,  
1916 W. HURON ST  
CHICAGO, IL 60627

MEDICAL CERTIFICATE OF DEATH 6/20/13

REGISTERED NUMBER: DECEASED-NAME: FIRST: MIDDLE: LAST: SEX: DATE OF BIRTH: MONTH: DAY: YEAR: 6/20/13

1. COUNTY OF DEATH: WILLIAM C. GRAY SR. 2. MALE 3. JULY 17, 1999

4. COOK 5. AGE LAST BIRTHDAY: 69 6. DATE OF BIRTH: 12, 1929

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER): ST. JOSEPH HOSPITAL

6. CHICAGO 6b. INPATIENT

7. NELSON CREEK, KY 8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED

9. NO

10. 320-24-9808 11a. FOREMAN 11b. ELECTRONICS 12. 11 13. YES 14. COOK

RESIDENCE (STREET AND NUMBER): 1508 N. HOYNE 13b. CHICAGO 13c. YES 14. COOK

15. ILLINOIS 19. 60622 14a. WHITE 14b. WHITE 15a. CHICAGO 16. OLIVIA

FATHER NAME: LEONARD GRAY 17a. RITA GRAY 17b. WIFE 17c. 1008 N. HOYNE CHICAGO, IL 60622

18. PART I: Enter the disease, or complication that caused the death, do not enter the mode of dying, such as cardiac or respiratory arrest. (a) Small cell lung cancer (b) Pneumonia (c) Pulmonary Embolism

19. DATE OF OPERATION, IF ANY: 20. MAJOR FINDINGS OF OPERATION: 21. HOUR OF DEATH: 0500 22b. DATE SIGNED: 7/17/19

21a. 21b. NO 21c. 22a. SIGNATURE: Lee M. D. 830 W. Diversey Chicago, 60614

22c. KEW-JUNG (JOHN) LEE M.D. 830 W. DIVERSEY CHICAGO, 60614

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: (TYPE OR PRINT)

24. RITUAL CREMATION, REMOVAL (SPECIFY): 24a. ENTOMBMENT: 24b. ST. ADALBERT CEMETERY

25. FUNERAL HOME: MAIRC & SONS FUNERAL HOME 6000 N. MILWAUKEE AVE CHICAGO

26. FUNERAL DIRECTOR'S SIGNATURE: Karl R. Meyer 26c. ILLINOIS 60646

27. LOCAL REGISTRAR SIGNATURE: [Signature] 27c. ILLINOIS 60646

JUL 19 1999

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 PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN REPRODUCED WITHOUT SIGNATURE SEAL IS APPLIED.