

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF C O O K

} ss.

Order No. _____

ETHEL LEE HARRISON, a widow***** being duly sworn states that she resides at 11825 S. Emerald Avenue in the City of Chicago*****.

That she was acquainted with SAMUEL JERRY HARRISON, JR***** deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described as:

Lot 26 and lot 27 in Block 3 in Kneeland and Wright's Second Addition to West Pullman, in the Southwest 1/4, 21-37-14, in Cook County, Illinois.

Removed from Torrens September 24, 1992



Doc#: 0414534033
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 05/24/2004 11:45 AM Pg: 1 of 3

That the deceased died January 3, 1996*****, 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 FIFTEEN THOUSAND (\$15,000.00)***** dollars.

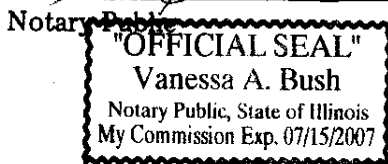
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Ethel Harrison

this 23 day of May, A.D. 192004

Vanessa A. Bush

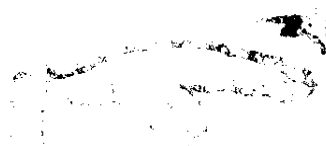


Ethel Harrison

(affiant's signature)
ETHEL LEE HARRISON

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Property of Cook County Clerk's Office



Mary Richardson
8048 S. Langley Avenue
Chicago, Illinois 60619

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REGISTRATION NO. 16.31
 DISTRICT NO. 11
 REGISTERED NUMBER 11

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. SAUEL JERRY HARRISON JR. 2. MALE 3. JANUARY 3, 1996
 COUNTY OF DEATH 4. COOK AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 10 DAY UNDER 10 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 5a. 76 5b. 76 5c. 5d. DECEMBER 3, 1919
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. BLUE ISLAND HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OR P.E. OR INPATIENT (SPECIFY)
 6b. SAINT FRANCIS D.O.A.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7a. MEMPHIS, TN MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. HARRIED NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
 8b. ETHEL JOHNSON
 SOCIAL SECURITY NUMBER 10. 338-18-0127 USUAL OCCUPATION 11a. MACHINIST 11b. BANKER STEEL 12. 12 EDUCATION (S. EQ. DAILY HIGHEST GRADE COMPLETED) Elementary/Second Y/O-12 College (1-4 or 5+)
 RESIDENCE (STREET AND NUMBER) 13a. 11825 SOUTH EVERARD CHICAGO CITY INSIDE CITY (YES/NO) 13c. YES 13d. COOK COUNTY
 STATE 13e. IL, 60628 ZIP CODE 14a. BLACK 14b. YES 14c. YES 14d. YES 14e. YES 14f. YES 14g. YES 14h. YES 14i. YES 14j. YES 14k. YES 14l. YES 14m. YES 14n. YES 14o. YES 14p. YES 14q. YES 14r. YES 14s. YES 14t. YES 14u. YES 14v. YES 14w. YES 14x. YES 14y. YES 14z. YES
 FATHER-NAME FIRST MIDDLE LAST 15. SAUEL JERRY HARRISON JR. MOTHER-NAME FIRST MIDDLE LAST 16. JOHNSON ETHEL
 INFORMANT'S NAME (TYPE OR PRINT) 17a. ETHEL HARRISON 17b. WIFE 17c. 11825 SOUTH EVERARD CHICAGO, ILL. 17d. 11825 SOUTH EVERARD CHICAGO, ILL. 17e. 11825 SOUTH EVERARD CHICAGO, ILL. 17f. 11825 SOUTH EVERARD CHICAGO, ILL. 17g. 11825 SOUTH EVERARD CHICAGO, ILL. 17h. 11825 SOUTH EVERARD CHICAGO, ILL. 17i. 11825 SOUTH EVERARD CHICAGO, ILL. 17j. 11825 SOUTH EVERARD CHICAGO, ILL. 17k. 11825 SOUTH EVERARD CHICAGO, ILL. 17l. 11825 SOUTH EVERARD CHICAGO, ILL. 17m. 11825 SOUTH EVERARD CHICAGO, ILL. 17n. 11825 SOUTH EVERARD CHICAGO, ILL. 17o. 11825 SOUTH EVERARD CHICAGO, ILL. 17p. 11825 SOUTH EVERARD CHICAGO, ILL. 17q. 11825 SOUTH EVERARD CHICAGO, ILL. 17r. 11825 SOUTH EVERARD CHICAGO, ILL. 17s. 11825 SOUTH EVERARD CHICAGO, ILL. 17t. 11825 SOUTH EVERARD CHICAGO, ILL. 17u. 11825 SOUTH EVERARD CHICAGO, ILL. 17v. 11825 SOUTH EVERARD CHICAGO, ILL. 17w. 11825 SOUTH EVERARD CHICAGO, ILL. 17x. 11825 SOUTH EVERARD CHICAGO, ILL. 17y. 11825 SOUTH EVERARD CHICAGO, ILL. 17z. 11825 SOUTH EVERARD CHICAGO, ILL.

18. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
 (a) Cardiorespiratory arrest
 (b) Ischemic heart disease
 (c) DUE TO OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

CAUSE

PART II. Other significant conditions contributing to death but not resulting in the ultimate cause (See green in PART I).
 DATE OF OPERATION, IF ANY 20a. MAJOR FINDINGS OF OPERATION 20b.
 (1) (ID) (D) (D) (D) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES
 21a. AND LAST SAW HIM/HER ALIVE ON 12/10/95
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) [Signature]
 22c. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT) 0435 S. WESTERN AVE CHICAGO, ILL. 60620
 ILLINOIS LICENSE NUMBER 036-066677

CERTIFIER

23. BURIAL CREATION, REMOVAL (SPECIFY) 24a. DUKERL 24b. WASHINGTON MEMORIAL 24c. HORNWOOD ILLINOIS 24d. 1-10-96
 FUNERAL HOME NAME 25a. NOBLE 25b. 8158 S. EXCHANGE CHICAGO ILLINOIS 60617
 FUNERAL DIRECTOR'S SIGNATURE [Signature] LOCAL REGISTRAR'S SIGNATURE [Signature]

DISPOSITION

25a. FUNERAL DIRECTOR'S SIGNATURE [Signature]
 25b. LOCAL REGISTRAR'S SIGNATURE [Signature]
 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 11/3/88
 26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 1/9/96

VR200 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at 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 JAN 9 1996

SIGNED [Signature]

AT BLUE ISLAND ILLINOIS. OFFICIAL TITLE, LOCAL REGISTRAR