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Doc#: 0423829200
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 08/25/2004 12:45 PM Pg: 1 of 3

LHynes # A001923702D1

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

Prepared By:
AND
MAIL To:

Julia Williams
c/o Shirley A. Liddell
1917 Foster Street
Evanston, IL 60201

Box 400-CTCC

3/9

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. 1404 59602832 SS

Cook

_____ being duly sworn
states that I resides at 1425 Greenwood in the City of

EVANSTON

That I was acquainted with Choyce L. Williams

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as: THE WEST 67 FEET OF LOT 22 IN COSGROVE'S SUBDIVISION OF LOTS 5 TO 10 OF BLOCK 58 IN VILLAGE OF EVANSTON, A SUBDIVISION OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 13, AND SECTION 7, 18, AND 19, TOWNSHIP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPLE MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN # 10-13-423-010-0000
RA. 1425 GREENWOOD, EVANSTON, IL.

That the deceased died Choyce L. Williams, 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 _____ 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.

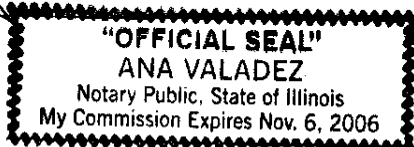
Subscribed and sworn to before me by the said

Prepared by me and returned to me.

this 10th day of August, A.D. 192004

[Signature]
Notary Public

[Signature]
(affiant's signature)



Michelle

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REGISTRATION DISTRICT NO. 16.25		STATE OF ILLINOIS		DATE OF DEATH	
REGISTERED NUMBER 809		MEDICAL CERTIFICATE OF DEATH			
1. NAME - SURNAME AND GIVEN NAME		2. SEX		3. RACE	
JOYCE WILLIAMS		FEMALE		BLACK	
4. DATE OF BIRTH		5. PLACE OF BIRTH		6. COUNTY OF BIRTH	
DECEMBER 31, 1941		EVANSTON, ILLINOIS		COOK	
7. PLACE OF DEATH		8. NAME OF HOSPITAL OR OTHER INSTITUTION		9. NATURE OF LAST ILLNESS	
EVANSTON		EVANSTON HOSPITAL		INPATIENT	
10. STATE OF BIRTH (IF NOT IN U.S.A.)		11. CITIZENSHIP		12. MARRIAGE	
GEORGIA		U.S.A.		MARRIED	
13. SOCIAL SECURITY NUMBER		14. OCCUPATION		15. NAME OF SURVIVING SPOUSE	
259-66-9611		LABORER		WILLIAMS, JULIA	
16. RESIDENCE - STREET AND NUMBER		17. CITY		18. COUNTY	
1425 GREENWOOD		EVANSTON		COOK	
19. FATHER - NAME		20. MOTHER - NAME		21. MARRIAGE	
FRID WILLIAMS		LAURA HANCOCK		MARRIED	
22. NAME AND ADDRESS OF PHYSICIAN		23. MEDICAL RECORD NUMBER		24. ADDRESS	
MARLENE SIMMON		MEDICAL		125 2650 RIDGE EVANSTON, ILLINOIS 60201	
25. DEATH WAS CAUSED BY		26. IMMEDIATE CAUSE		27. DURATION OF ILLNESS	
RESPIRATORY ARREST		RESPIRATORY ARREST		4 WEEKS	
28. UNDERLYING CAUSE		29. DUE TO OR AS A CONSEQUENCE OF		30. PERIOD OF ILLNESS	
METASTATIC SQUAMOUS CELL CARCINOMA OF THE NECK AND LUNGS.		METASTATIC SQUAMOUS CELL CARCINOMA		3 MONTHS	
31. PARTIAL OTHER SIGNIFICANT CONDITIONS		32. AUTOPSY		33. IF FEMALE, WAS THERE A PREGNANCY	
		NO		NO	
34. DATE OF OPERATION, IF ANY		35. NATURE OF OPERATION		36. IF FEMALE, WAS THERE A PREGNANCY	
				NO	
37. DID NOT ATTEND (TO BE DECLARED BY PHYSICIAN)		38. SIGNATURE OF PHYSICIAN		39. HOLDER OF DEATH CERTIFICATE	
6-26-86		Richard H. Knop		4235 P.	
40. NAME AND ADDRESS OF PHYSICIAN		41. DATE SIGNED		42. ILLINOIS LICENSE NUMBER	
Richard H. Knop 2650 N. Ridge Ave, Evanston, Ill		6-26-86		936-059856	
43. BURIAL, CREMATION, REMOVAL (specify)		44. CEMETERY OR CREMATORY - NAME		45. LOCATION	
BURIAL		MEMORIAL LAWNS		SPORTE, ILLINOIS	
46. FUNERAL HOME		47. NAME		48. CITY	
HOUSE OF THOMPSON		1917 ASBURY AVE.		EVANSTON, ILL.	
49. FUNERAL DIRECTOR'S SIGNATURE		50. DATE SIGNED		51. ILLINOIS LICENSE NUMBER	
C. Lavinia Brown		June 27, 1986		6915	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with my office in accordance with the provision of the Illinois Vital Records Act.

DATE DEC 30 1997 SIGNED C. Lavinia Brown
 EVANSTON, ILLINOIS LOCAL REGISTRAR

THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEALS AND SIGNATURE OF THE LOCAL REGISTRAR.