

# UNOFFICIAL COPY

DECEASED JOINT  
TENANCY AFFIDAVIT



Doc#: 0427439050  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 09/30/2004 01:28 PM Pg: 1 of 3

STATE OF ILLINOIS ]  
COUNTY OF ]

RUBEN BROWN

being duly

sworn states that I resides at 9003 S, KINGSTON  
CITY CHICAGO in the City of \_\_\_\_\_

That I was acquainted BABONIE BARBARA BROWN  
\_\_\_\_\_ deceased who, at the time of \_\_\_\_\_

HER death, was one of the owners of the land in \_\_\_\_\_  
COOK County, Illinois, described as:

P.I.N. 26-06-124-058-0000

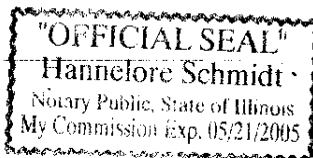
That the deceased died 1-29-1980  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said

this 30th day of SEPT, A.D. 2004

Hannelore Schmidt  
Notary Public

Ruben Brown  
(affiant signature)



26	6	124	58	7002	298	734														
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WAR-RANT	ITEM	SECTION	SUB-DIV	TRAC	SECT	QUART	BLK	PARCEL	CODE	WAR-RANT	ITEM	SECTION	SUB-DIV	TRAC	SECT

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OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS  
PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME [REDACTED]  
295

AREA	SUB-AREA	BLOCK	PARCEL	TAX CODE	SEC.	TOWN	RANGE	LOT	SUB-LOT	LOT	BLOCK	
26	6	124	58	7002	6	37	15					
IRA HOLMES ADD TO SO CHGO											46	9
(EX S 8FT)											47	
S 16FT												

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WAR-RANT	ITEM	DIVISION	NO.	THIRD	CARD
00	00	00	00	00	00	00	00	00	00	00
46	47	48	49	50	51	52	53	54	55	56
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

Block 124 parcel 58

By [Signature]

26207

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

SEPTEMBER 30, 2004

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

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.

COUNTY CLERK

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS	STATE FILE NUMBER <b>602375</b>
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>	
DECEASED - NAME FIRST MIDDLE LAST <b>1. Babodie (Barbara) Brown</b>		SEX <b>2. Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. January 29, 1980</b>
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <b>4a. Black</b>	ORIGIN OR DESCENT <b>4b. American</b>	AGE - LAST BIRTHDAY (YRS) <b>5a. 29</b>	DATE OF BIRTH (MO., DAY, YEAR) <b>6. March 11, 1950</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>7b. Chicago</b>		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>7c. South Chicago Community Hospital</b>	IF HOSP. OR INST. INDICATE CORR. OPER. RM. INPATIENT (SPECIFY) <b>7d. D.O.A.</b>
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY) <b>8. Missouri</b>	CITIZEN OF WHAT COUNTRY <b>9. U.S.A.</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>10. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>11. Ruben Brown</b>
SOCIAL SECURITY NUMBER <b>12. 361-46-7016</b>	USUAL OCCUPATION <b>13a. Homemaker</b>	KIND OF BUSINESS OR INDUSTRY <b>13b. Own Home</b>	U.S. WAR VETERAN (YES/NO) <b>13c. No</b>
RESIDENCE STREET AND NUMBER <b>14a. 9003 South Kingston</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>14b. Chicago</b>	INSIDE CITY (YES/NO) <b>14c. yes</b>	COUNTY <b>14d. Cook</b>
FATHER - NAME FIRST MIDDLE LAST <b>15. John H. Howard</b>		MOTHER - MAIDEN NAME FIRST MIDDLE LAST <b>16. Mozella White</b>	
INFORMANT'S SIGNATURE <b>17a. Ruben Brown</b>		RELATIONSHIP <b>17b. Husband</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 9003 South Kingston Chgo., IL 60617</b>
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. IMMEDIATE CAUSE (a) <b>METASTATIC BREAST CANCER</b> DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a), (b), AND (c)			AUTOPSY (YES/NO) <b>19a. No</b>
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		IF YES, WHEN FINDINGS CONTRIBUTED TO DETERMINING CAUSE OF DEATH <b>19b.</b>
1. ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) <b>21a. 11-9-77</b>	TO (MONTH, DAY, YEAR) <b>21b. 1-29-80</b>	AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>21c. 1/29/80</b>	HOUR OF DEATH <b>21d. 800 PM</b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH, DAY, YEAR) <b>22b. 1/30/1980</b>
22a. SIGNATURE <b>James A. Schulak</b>			ILLINOIS LICENSE NUMBER <b>0003-220-036-005476</b>
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>JAMES A. SCHULAK 950 E 59th ST, CHICAGO</b>			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE MEDICAL EXAMINER MUST BE NOTIFIED
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>Donald J. Ferguson MD</b>			
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. BURIAL</b>	CEMETERY OR CREMATORY - NAME <b>24b. LINCOLN</b>	LOCATION CITY OR TOWN STATE <b>24c. NORTH ILLINOIS</b>	DATE (MONTH, DAY, YEAR) <b>24d. 2-2-1980</b>
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE <b>25a. Doty Nash 8620 Stony Island CHICAGO ILLINOIS 60617</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 6092</b>
25b. LOCAL REGISTRAR'S SIGNATURE <b>Frederick...</b>			DATE RECD BY LOCAL REG. STRIP (MONTH, DAY, YEAR) <b>26b. FEB 1 1980</b>
26a. CHICAGO DEPT. OF HEALTH RICHARD J. DALEY CENTER, ROOM 111 CONCOURSE LEVEL, CHICAGO 60602			