

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



0436547201

Doc#: 0436547201
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 12/30/2004 01:12 PM Pg: 1 of 3

Property of Cook County Clerk's Office

State of Illinois
County of _____)

) ss.

Order No. _____

ARETHA JACKSON being duly sworn states
that ~~SHE~~ resides at 9745 SOUTH YALE
the City of CHICAGO

That ~~SHE~~ was acquainted with
LAVERNE JACKSON Sr
deceased who, at the time of ~~his~~ death was one of the owners of the land
in COOK County, Illinois, described as:

LOT 25 IN BLOCK 13 IN F.H. BARTLETT'S UNIVERSITY HIGHLANDS A SUBDIVISION IN THE NORTHEAST 1/4 OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died OCTOBER 18, 1986, 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.

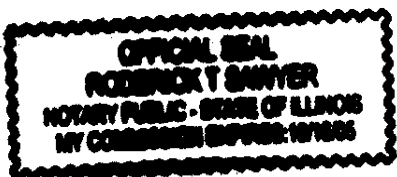
Subscribed and sworn to before me by the said

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this 29th day of December, A.D. 2004

Roderick T Sawyer
Notary Public

Aretha Jackson
(affiant's signature)



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AT

EVERGREEN PARK, ILLINOIS

DEPUTY REGISTRAR

DATE

FEBRUARY 28, 1989

REGISTRAR

Spente Thomas

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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.

434 Oct 86

REGISTRATION DISTRICT NO 16:33

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

DECEASED NAME

1. **La Verne**

2. **Black**

3. **Jackson Sr.**

4. **Male**

5. **October 18 1986**

6. **Cook**

7. **Evergreen Park**

8. **Illinois**

9. **U S A**

10. **Married**

11. **Public School**

12. **Cook**

13. **Teacher**

14. **Chicago**

15. **Estella**

16. **Wheatley**

17. **Aretha Jackson**

18. **Illinois**

19. **Vernon**

20. **Dameron**

21. **Wife**

22. **9745 S. Yale St. Chicago, Illinois**

23. **Death was caused by**

24. **Acute Coronary Insufficiency**

25. **Arteriosclerotic Cardiovascular Disease**

26. **Other significant conditions**

27. **Accident, suicide, homicide or undetermined (specify)**

28. **Natural**

29. **Location of injury**

30. **Chicago**

31. **Illinois**

32. **Unity Funeral Parlor, Inc 4114 South Michigan Avenue Chicago, Illinois 60653**

33. **Signature of Registrar**

34. **Signature of Medical Examiner**

35. **Signature of Local Registrar**

36. **Signature of Medical Examiner**

37. **Signature of Registrar**

38. **Signature of Medical Examiner**

39. **Signature of Registrar**

40. **Signature of Medical Examiner**

Illinois Department of Public Health - Office of Vital Records

BASED ON 1978 U.S. STANDARD CERTIFICATE