

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0516734015
Eugene "Gene" Moore Fee: \$30.50
Cook County Recorder of Deeds
Date: 06/16/2005 09:54 AM Pg: 1 of 4

STATE OF ILLINOIS]
COUNTY OF Will]

Barbara Williamson being duly
sworn states that BARBARA WILLIAMSON resides at 3104 MEADOWS EDGE LN.
in the City of Joliet
ILL.

That SHE was acquainted SAM WILLIAMSON
deceased who, at the time of HIS
death, was one of the owners of the land in COOK
County, Illinois, described as:

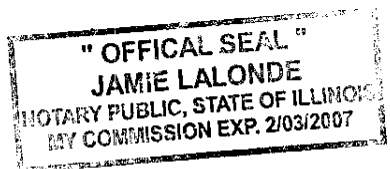
P.I.N. _____

That the deceased died JUNE 18, 1940
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
Barbara Williamson
this 18th day of March, A.D. 2005

Jamie Lu Ronde
Notary Public

Barbara Williamson
(affiant signature)



S-Y
P-
M-Y
MP

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Legal (Reference: 12421116) for Order Number 1494203

LOT 4 IN BLOCK 1 IN CHARLES H. WARD'S SUBDIVISION OF BLOCKS 1, 4 AND 5 IN J.B. HOBBS'S SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 17, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



U14729331-03LC21

REFINANCE MORTGA
REF# 1494203
US Recordings

APN# 16171230210000

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS JUN 21 1991 MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

611733

FEB 07 1992

DECEASED NAME: **SAM** FIRST: **WILLIAMSON** MIDDLE: **WILLIAMSON** LAST: **WILLIAMSON** SEX: **Male** DATE OF BIRTH: **June 18, 1990** (MONTH, DAY, YEAR)

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **COOK** AGE, LAST BIRTHDAY (M/D/Y): **5a 56** UNDER 1 YEAR: **2** MONTHS **3** DAYS **13** HOURS **13** MIN **34** SEC. DATE OF DEATH: **June 18, 1990** (MONTH, DAY, YEAR)

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Mercy Hospital** HOSP. OR INST. INDICATED O.A. (OP. EMER. RM. INPATIENT, SPECIFY): **DOA**

69. **CHICAGO** 6b. **MERCY HOSPITAL** NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE): **Barbara Warren** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married**

7. **Myland, Tenn.** 8a. **Married** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Myland, Tenn.** USUAL OCCUPATION: **Engineer**

412-52-1719 11a. **Engineer** 11b. **G.S.A.** SOCIAL SECURITY NUMBER: **412-52-1719** 11b. **G.S.A.** NAME OF BUSINESS OR INDUSTRY: **Barbara Warren**

4. **52-1719** 11a. **Engineer** 11b. **G.S.A.** CITY, TOWN, OR ROAD DISTRICT NUMBER: **CHICAGO** 12. **12** EDUCATION (SPECIFY, ONLY HIGHEST GRADE COMPLETED): **High School**

5. **52-1719** 11a. **Engineer** 11b. **G.S.A.** INSIDE CITY: **Yes** 13c. **Yes** 13d. **COOK** COUNTY: **COOK**

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I, VIRGINIA L. PARKER, M.B.A. 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 MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF HEALTH - CITY OF CHICAGO

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CERTIFICATE OF D
REF # 1494203
US Recordings

Recording requested by and return to:
US Recordings, Inc. on behalf of
First American Title Insurance Co./NLA
2925 Country Dr Suite 201
St. Paul, MN 55117