



Doc#: 0518032144  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 06/29/2005 11:47 AM Pg: 1 of 2

AFFIDAVIT BY SURVIVING  
JOINT TENANT

STATE OF ILLINOIS  
SS  
COUNTY OF COOK

HENRY R. OWENS, being first duly sworn, upon oath deposes and says:

That he resides at 6101 So. Elizabeth Street, in the City of Chicago, Illinois, and that he is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown situated in said Cook County, Illinois described as follows:

Lot 1 in Southtown Land and Building Corporation's Subdivision of the North East 1/4 of the South East 1/4 of the South West 1/4 of Section 17, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 20-17-322-027

Affiant states that CHRYSTAL N. OWENS, one of said owners in joint tenancy, died intestate, in the City of Meridina in the State of Mississippi as in confirmed by a Certificate of Death of the health department of said municipality hereto attached.

Further, that the affiant makes this affidavit and affiant guarantees the truth of the statements herein contained.

*Henry R. Owens*  
HENRY R. OWENS

Subscribed and Sworn to before me  
this 20<sup>th</sup> day of June, 2003.

MAIL TO ABOVE NAME  
AT 6101 So. ELIZABETH ST.  
CHICAGO, IL. 60636-1923

*Terrill A. Nedzvekas*  
Notary Public  
"OFFICIAL SEAL"  
TERRILL A. NEDZVEKAS  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 4/16/2007

STATE OF MISSISSIPPI  
**UNOFFICIAL COPY**

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
VITAL RECORDS

TYPE OR PRINT  
IN BLACK INK

FILING DATE **MAR 27 2003** CERTIFICATE OF DEATH STATE OF MISSISSIPPI STATE FILE NUMBER **123- 03-005921**

DECEASED	1. NAME First: <b>Chrystal</b> Middle: <b>N.</b> Last: <b>Owens</b>			2. SEX <b>Female</b>	3a. HOUR OF DEATH <b>05:40 Am</b>	3b. DATE OF DEATH (Month, Day, Year) <b>March 20, 2003</b>	
	4. RACE (Specify White, Black, American Indian, etc.) <b>Black</b>	5a. AGE AT LAST BIRTHDAY <b>70</b> Years	5b. MOS	5c. DAYS	5d. HOURS	5e. MINS	6. DATE OF BIRTH (Month, Day, Year) <b>Jan. 4, 1933</b>
DEATH OCCURRED IN INSTITUTION, SEE HANDBOOK, REGARDING COMPLETION OF RESIDENCE ITEMS	7b. CITY OR TOWN OF DEATH <b>Meridiana</b>	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) <b>Jeff Anderson Regional Medical Center (38A)</b>			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA <b>Inpatient</b>	8. STATE OF BIRTH <b>Miss.</b>	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>Elem/High School</b>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Henry Owens</b>	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <b>No</b>	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) <b>Afro-American</b>		
RESIDENCE ITEMS, IF ACTUAL LOCATION SOME OTHER THAN LISTED ADDRESS	14. SOCIAL SECURITY NUMBER <b>334-30-2332</b>		15a. USUAL OCCUPATION (Kind of work done, most of working life) <b>Supervisor</b>		15b. KIND OF BUSINESS OR INDUSTRY <b>A.T. &amp; T.</b>		
	16a. RESIDENCE-STATE <b>Miss.</b>	16b. COUNTY <b>Clarke</b>	16c. CITY OR TOWN <b>Quitman</b>	16d. INSIDE CITY LIMITS (Specify Yes or No) <b>Yes</b>	16e. STREET AND NUMBER OR RURAL LOCATION <b>205 Brown Ave.</b>		
PARENTS	17. FATHER-NAME First: <b>Otto</b> Middle: <b>Of</b> Last: <b>Sumrall</b>			18. MOTHER-NAME First: <b>Jimana</b> Middle: <b>Gilbert</b>			
	19a. INFORMANT-NAME (Type or print) <b>Mr. Henry Owens</b>			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>205-Brown Ave.:Quitman, Ms. 39355</b>			
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	20b. CEMETERY, CREMATORY, NAME <b>Archusa Cemetery</b>	20c. LOCATION (City and State) <b>Quitman, Ms.</b>	21a. EMBALMER'S SIGNATURE AND NUMBER <b>[Signature] 5681</b>			
	21b. FUNERAL HOME-NAME AND MISSISSIPPI ID NUMBER <b>Berry &amp; Gardner Funeral Home 38B</b>		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1300-34th Ave.:Meridian, Ms. 39301</b>				
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) <b>Donna Key R.N. and Tiffany Valentine R.N.</b>			22b. PRONOUNCED DEAD (Month, Day, Year) <b>ON March 20, 2003</b>	22c. PRONOUNCED DEAD (Hour) <b>AT 05:40 m</b>		
	23a. CERTIFIER-NAME (Type or print) <b>J.C. Halbrook M.D.</b>			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) <b>1704 23rd Street, Meridian, MS 39301</b>			
CERTIFIER	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. <b>[Signature]</b>			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. <b>[Signature]</b>			
	24b. DATE SIGNED (Month, Day, Year) <b>3/21/03</b>	24c. STATE LICENSE NUMBER <b>07013</b>		24f. TITLE <b>[Signature]</b>		24g. DATE SIGNED (Month, Day, Year)	
USE OF DEATH	25. PART I: IMMEDIATE CAUSE (Enter one cause only) <b>Multiple Myeloma</b>			Interval between onset and death <b>11 years</b>			
	25. PART II: OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I			27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
Had Decedent been Pregnant within 90 Days prior to Death? Yes <input type="checkbox"/> No <input type="checkbox"/>	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
	29e. INJURY AT WORK (Yes or No)	29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION	Street or route number	City or town	State

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

APR 30 2003

Judy Moulder  
STATE REGISTRAR

WARNING:

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