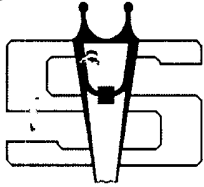


# UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois

STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 825  
Chicago, IL 60602  
312-849-4249



Doc#: 0531105095 Fee: \$28.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/07/2005 10:42 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF )

SS.

STCI File Number: 453875 <sup>2073</sup>

being duly sworn states that Arthur R. Johnson resides at 7915 S. Chappel Ave in the City of Chgo, IL 60617

That he was acquainted with Jessie M. Johnson deceased who, at the time of death, was one of the sworn of the land in \_\_\_\_\_ County, Illinois, describes as:

That the deceased died 8/5/01, 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 200,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

Arthur R. Johnson  
this 3rd day of Oct., A.D. 2005

Diane Marie Acton  
Notary Public

Arthur R. Johnson  
(Affiant's Signature)

"OFFICIAL SEAL"  
DIANE MARIE ACTON  
Notary Public, State of Illinois  
My Commission Expires 03/25/2007

3h



Prepared by a Mail to:  
Arthur R. Johnson  
7915 S. Chappel Ave.  
Chgo, IL 60617

STATE OF ILLINOIS  
 STATE FILE NUMBER  
 REGISTERED NUMBER **16.10**  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER **612427**

DECEASED-NAME **JESSIE** FIRST **M** MIDDLE **JOHNSON** LAST **JOHNSON** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **3. AUGUST 5, 2001**

COUNTY OF DEATH **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** AGE-LAST BIRTHDAY (YRS) **83** UNDER 1 YEAR MOS. DAYS UNDER 1 DAY HOURS MIN. **2** DATE OF BIRTH (MONTH, DAY, YEAR) **54. JULY 31, 1918**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **HARRISBURG, KY** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **ARTHUR R JOHNSON** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **THE UNIVERSITY OF CHICAGO HOSPITALS** IF HOSP. OR INST. INDICATE D.O.A. OF PHEM. RM, INPATIENT (SPECIFY) **INPATIENT**

SOCIAL SECURITY NUMBER **359-58-8255** USUAL OCCUPATION **HOUSEWIFE** NAME OF BUSINESS OR INDUSTRY **OWN HOME** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12** College (1-4 or 5-7) **INSIDE CITY (YES/NO)** **YES** COUNTY **COOK**

RESIDENCE (STREET AND NUMBER) **7951 S CHAPPELL** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** OF HISPANIC ORIGIN? (SPECIFY NO OR YES, IF YES, SPECIFY CUBAN, MEX, AN, PUERTO RICAN, ETC.) **NO** FATHER-NAME **JOHN** FIRST **MIDDLE** **RAYBURN** MOTHER-NAME **SALLIE** (MAIDEN) LAST **RAYBURN**

INFORMANT'S NAME (TYPE OR PRINT) **MAYBLEINE GIGGERS** PHONE RECORDS **5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17B. CHICAGO, ILLINOIS 60637**

PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) **ISCHEMIC HEART DISEASE / HEART FAILURE** CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(a) DUE TO, OR AS A CONSEQUENCE OF** (b) **DUE TO, OR AS A CONSEQUENCE OF** (c) **DUE TO, OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. DATE OF OPERATION, IF ANY **200.** MAJOR FINDINGS OF OPERATION **21c. YES  NO**  AUTOPSY (YES/NO) **NO** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **NO** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES  NO**

21a. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **AUGUST 5, 2001** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO** HOUR OF DEATH **11:15 P** DATE SIGNED (MONTH, DAY, YEAR) **21c. AUGUST 6, 2001**

22a. SIGNATURE (TYPE OR PRINT) **LEWIS SCHWARTZ, MD** ILLINOIS LICENSE NUMBER **22d. 125-053950** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637**


22c. MARCOVALERIO MELLIS, MD NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **22d. 125-053950** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, ILLINOIS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **ARTHUR R JOHNSON** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **THE UNIVERSITY OF CHICAGO HOSPITALS** IF HOSP. OR INST. INDICATE D.O.A. OF PHEM. RM, INPATIENT (SPECIFY) **INPATIENT**

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO, ILLINOIS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **ARTHUR R JOHNSON** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **THE UNIVERSITY OF CHICAGO HOSPITALS** IF HOSP. OR INST. INDICATE D.O.A. OF PHEM. RM, INPATIENT (SPECIFY) **INPATIENT**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**AUG 9 2001**

JOHN L. WILHELM M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

  
 John L. Wilhelm, M.D.  
 LOCAL REGISTRAR

CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED  
*Lewis Schwartz, MD*  
 10-5-2001

# UNOFFICIAL COPY

SCHEDULE A  
ALTA Commitment  
File No.: 453875

## LEGAL DESCRIPTION

The north 8.5 feet of lot 32 all of lot 33 in block 1 in B. F. George's subdivision of the northwest ¼ of the northwest ¼ of the northeast ¼ of section 36, township 38 north, range 14, east of the third principal meridian, in Cook County, Illinois

20-36-201-020  
7951 S. Chappel Ave.  
Chgo. IL 60617

Property of Cook County Clerk's Office



Authorized Signature

STEWART TITLE COMPANY