

UNOFFICIAL COPY

05-13756

TICOR TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number:

County of Cook

} SS.

030

Helen M Johnson being duly sworn states that he/she resides at, 706 W. 116th St. Chicago IL 60628 That he/she was acquainted with Princie Johnson, deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on Aug. 14th 1972, as evidenced by a certified copy of the death certificate of said 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 on or 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 \$
Affiant makes this affidavit for that purpose of inducing Ticor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.



(SEAL)

SUBSCRIBED and SWORN to before me on November 20th 2005

Notary Pt



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Mar-24-06 05:45pm From-

T-836 P.001/001 F-207

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

MAR 25 2003

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.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. 16:33		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 614		MEDICAL CERTIFICATE OF DEATH 92 049146			
DECEASED - NAME FIRST MIDDLE LAST PRINCIE L JOHNSON		SEX FEMALE	DATE OF DEATH MONTH DAY YEAR AUGUST 14, 1992		
COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (YRS) MO DAY 58 04	LENGTH OF RESIDENCE (YRS) MO DAY 58 04	DATE OF BIRTH MONTH DAY YEAR APRIL 18, 1928	
CITY, TOWN, TWP, OR ROAD DISTRICT NAME EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER) LITTLE COMPANY OF MARY HOSPITAL		DEPARTMENT, DIVISION, OR UNIT (IF APPLICABLE) INPATIENT	
DECEASED'S PLACE OF BIRTH STATE OF ILLINOIS COUNTY OF COOK		MANNER OF DEATH (CHECK ONE) (a) SUICIDE (b) ACCIDENT (c) HOMICIDE (d) OTHER (Specify) 13 MONTH		CAUSE OF DEATH (SEE INSTRUCTIONS) Adenocarcinoma of Small Intestine	
SOCIAL SECURITY NUMBER 354-30-1263		USUAL OCCUPATION HOMEMAKER	KIND OF BUSINESS OR INDUSTRY 1st DOMESTIC	EDUCATION (Specify Year, Month, Day, Year) 12 10	
RESIDENCE (STREET AND NUMBER) 706 W 116TH STREET		CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO		RESIDE IN CITY (YES/NO) YES	COUNTY COOK
STATE ILLINOIS ZIP CODE 60628		RACE (WHITE, BLACK, OR OTHER) BLACK	ETHNIC ORIGIN (YES/NO) YES	SPECIFY	
FATHER'S NAME FIRST MIDDLE LAST REVELL JENKINS		MOTHER'S NAME FIRST MIDDLE LAST ELMORA WYSINGER		MARRIAGE LAST	
INFORMANT'S NAME (PRINT) ALMA V BERN/CLERK		RELATIONSHIP (PRINT) SISTER		MARRIAGE (PRINT) NONE	
ADDRESS (STREET AND NUMBER) 2600 LESA 23TH STREET		CITY, TOWN, TWP, OR ROAD DISTRICT NO. EVERGREEN PARK		STATE OF ILLINOIS 60644	
PART I: Immediate Cause (Print Cause or condition resulting in death)		(a) ADENOCARCINOMA OF SMALL INTESTINE		13 MONTH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST		(b) SUBTYPE OF AS A CONSEQUENCE OF			
PART II: Other conditions existing immediately or immediately preceding the death (c) STATING THE UNDERLYING CAUSE LAST		Sepsis Pneumonia Hypertension Coronary Artery Disease		12 10	
DATE OF OPERATION (IF ANY)		MAJOR TYPES OF OPERATION		AUTOPSY (YES/NO) YES	
HISTORICAL FACTS (PRINT) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)		WAS CONDITION OF MEDICAL EXAMINER NOTIFIED (YES/NO) YES		HOURS OF DEATH 11:00 A.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE OF PHYSICIAN (PRINT) DR. CORAZON BENIG		DATE OF SIGNATURE 08-14-92	
NAME AND ADDRESS OF CERTIFIER 1222 W. 95th ST. CHICAGO, IL		SIGNATURE OF PHYSICIAN (PRINT) Corazon R. Benig MD		ILLINOIS LICENSE NUMBER 36-45330	
NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)		SIGNATURE OF PHYSICIAN (PRINT) Corazon R. Benig MD		NOTE: IF ATTENDING PHYSICIAN IS OTHER THAN CERTIFIER, THIS DATA IN THE COLUMN ON MEDICAL EXAMINER MUST BE NOTED	
MANNER OF DEATH (PRINT) BURIAL		LOCATION CITY/TOWN STATE WASHINGTON HOMEROOD, IL		DATE (MONTH/DAY/YEAR) 9-19-92	
FUNERAL HOME NAME GATTINGS CHAPEL INC. 10133 S. HALSTED ST. CHICAGO, IL 60628		FEDERAL DIRECTOR'S SIGNATURE (PRINT) Gaynelle Dattins		FEDERAL IDENTIFICATION NUMBER (PRINT) 034-014690	
LOCAL REGISTRAR'S SIGNATURE (PRINT) Gaynelle Dattins		DATE PREPARED (MONTH/DAY/YEAR) AUGUST 17, 1992			

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LOT 12 IN RASCHER AND STIERNBERG'S RESUBDIVISION OF LOTS 29 TO 35 INCLUSIVE IN SHARPSHOOTER'S PARK DIVISION IN THE SOUTHWEST 1/4 OF SECTION 21, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

CKA: 706 WEST 116TH STREET, CHICAGO, ILLINOIS 60628

PIN: 25-21-301-008-0000

Property of Cook County Clerk's Office