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**DECEASED JOINT
TENANCY AFFIDAVIT**

Doc#: 0721503051 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/03/2007 10:00 AM Pg: 1 of 3

STATE OF ILLINOIS]

COUNTY OF]

Daisy J. Brown being duly
sworn states that I resides at 1741 W. 75th Place
in the City of Chicago

That I was acquainted
Sonnie Brown 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. 20-30-408-007-0000438

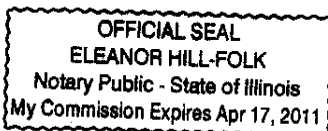
That the deceased died Sept. 1, 1985
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

this 3 day of August, A.D. 2007

Eleanor Hill Folk
Notary Public

Daisy J. Brown
(affiant signature)



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Lot 4 in Block 6 in Englefield Subdivision of the South East quarter of Section 30,
Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County,
Illinois.

Dated this 22nd day of August, 2000.

Ap # 20-30-408-001-0000

Trust Company of California, N.A., as Trustee on

Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. 18.10	STATE OF ILLINOIS	STATE FILE NUMBER 617369
MEDICAL CERTIFICATE OF DEATH		
REGISTERED NUMBER		
DECEASED—NAME 1. Sonnie Brown		2. SEX Male
		3. DATE OF DEATH September 1, 1985
4a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) Black	4b. ETHNIC ORIGIN OR DESCENT AMERICAN	5. AGE 55
6. DATE OF BIRTH 01-05-1930	7. COUNTY OF DEATH Cook	
8. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	9. HOSPITAL OR OTHER INSTITUTION—NAME, ST., NO., R. #, PHONE, GIVE STREET AND NUMBER Michael Reese Hospital	
10. STATE OF BIRTH (IF NOT IN U.S.) ARKANSAS		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) DAISY MORRISON
12. SOCIAL SECURITY NUMBER 430-46-8580	13. OCCUPATION TRUCK DRIVER	14. MARRIAGE STATUS MARRIED
15. RESIDENCE STREET AND NUMBER 1741 W. 75th. Place	16. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	17. COUNTY Cook
18. FATHER—NAME Simon Brown	19. MOTHER—MAIDEN NAME MINNIE OLA COLLINS	
20. INFORMANT NAME (TYPE OR PRINT) JoAnna R. Williams	21. RELATIONSHIP Medical Records	22. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) Lake Shore Drive at 31st. Street Chicago, Illinois 60616
18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		
PART I. IMMEDIATE CAUSE		APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH
(a) Subacute Bacterial Endocarditis		week
(b) Squamous Cell Carcinoma of Left Lung with Metastases		months
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO) No
70a.	70b.	70c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON I did August 31, 1985		71. HOUR OF DEATH 7:25 A.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		72. DATE SIGNED (MO., DAY, YR.) 9-1-85
22a. SIGNATURE Arthur A. Billings MD		22b. ILLINOIS LICENSE NUMBER 36-30938
22c. NAME AND ADDRESS OF CERTIFIER 104 South Michigan Avenue Chicago, Ill. 60603		
23. ERWIN L. ROBIN MD		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY—NAME RESTVALE	24c. LOCATION WORTH Illinois
24d. FUNERAL HOME NAME A. R. Leak	24e. STREET AND NUMBER OR R. F. D. 7838 S. Cottage Grove	24f. CITY OR TOWN, STATE, ZIP Chicago, Illinois 60619
25a. FUNERAL DIRECTOR'S SIGNATURE A. R. Leak		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4390
26a. LOCAL REGISTRAR'S SIGNATURE Daniel C. Edwards, MD, DPH		26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 4 1985

STATE OF ILLINOIS LOCAL OFFICE OF VITAL RECORDS

TWIN