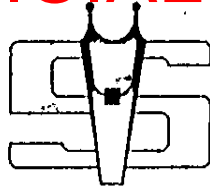


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Sanctity of Contract

Stewart Title Company of Illinois

09171823

9688/0040 10 001 Page 1 of 3
1999-12-17 10:11:58
Cook County Recorder 47.50



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

STCI File Number:

90029

2/20/00

ETHEL M HALL
being duly sworn states that SEE resides at 21 W. 112nd PL in the City of Chicago.

That she was acquainted with William A HALL deceased who, at the time of death, was one of the sworn of the land in COOK County, Illinois, describes as:

SEE ATTACHED

25-21-215-014

That the deceased died Feb. 20, 1998 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 _____ dollars.

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

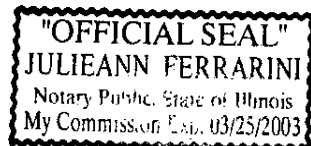


Subscribed and sworn to before me by the said

this 9 day of December, A.D. 19 99.

Julieann Ferrarini
Notary Public

Ethel M Hall
(Affiant's Signature)



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REGISTRATION DISTRICT NO. **16.92** STATE OF ILLINOIS STATE FILE NUMBER

REGISTERED NUMBER **269** **MEDICAL CERTIFICATE OF DEATH**

DECEASED-NAME: **William A HALL** SEX: **Male** DATE OF DEATH: **February 20, 1998**

COUNTY OF DEATH: **COOK** AGE-LAST BIRTHDAY: **77** DATE OF BIRTH: **November 27, 1920**

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **PROVISO TOWNSHIP** HOSPITAL OR OTHER PLACE OF DEATH: **VETERANS ADM. HINES, IL 60141**

BIRTHPLACE: **Birmingham, AL** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: **Married** NAME OF SURVIVING SPOUSE: **Ethel White**

SOCIAL SECURITY NUMBER: **420 03 1100** USUAL OCCUPATION: **Auto Glass Installer** KIND OF BUSINESS OR INDUSTRY: **M&M Glass** EDUCATION: **8**

RESIDENCE: **22 West 112th Place** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY: **Yes** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **60628** RACE: **BLACK** OF HISPANIC ORIGIN? **NO**

FATHER-NAME: **William Hall** MOTHER-NAME: **Mary Witsey**

INFORMANT'S NAME: **David W. Litner** RELATIONSHIP: **Hospital Records** MAILING ADDRESS: **VETERANS ADM. HINES, IL 60141**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **(a) Intracerebral Hemorrhage.**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) 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: **20a.** MAJOR FINDINGS OF OPERATION: **20b.** AUTOPSY: **19a. No** PREGNANCY: **19b. No**

21. (a) (b) (c) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **February 20, 1998** HOUR OF DEATH: **1:04 P. M.**

22a. SIGNATURE: **Warren Wilkes, M.D.** DATE SIGNED: **February 21, 1998**

22b. NAME AND ADDRESS: **VETERANS ADM. HINES, IL 60141** ILLINOIS LICENSE NUMBER: **036-094110**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **09171823** NOTES: **IF AFFIDAVIT WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

24a. BURIAL: **24b. Mt. Hope Cemetery** LOCATION: **Chicago, IL** DATE: **Feb. 26, 1998**

25a. FUNERAL HOME: **Gating's Chapel Inc, 10133 S. Halsted St. Chicago, IL 60628**

25b. FUNERAL DIRECTOR'S SIGNATURE: **Bradette S. Compt** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-014948**

25c. LOCAL REGISTRAR'S SIGNATURE: **Richard J. Billie** DATE FILED BY LOCAL REGISTRAR: **February 25, 1998**

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE **FEB 25 1998** SIGNED **Richard J. Billie**

AT **BROADVIEW, ILLINOIS 60153** OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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Legal Description:

Lot 8 (except the East half thereof) in La Bar and Slocum's Subdivision of Block 4 of the First Addition to Pullman, a subdivision of the East 775.5 feet of the East half of the Northeast quarter of Section 21, Township 37 North, Range 14, East of the Third Principal Meridian (except railroad), in Cook County, Illinois.

Property of Cook County Clerk's Office

09171823

FORM HP004