

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

_____ Alyce C. Griffin being duly sworn
states that SHE resides at 3232 So. KING Dr in the City of
CHICAGO

That SHE was acquainted with ERNEST A. GRIFFIN
deceased who, at the time of HIS death, was one of the owners of the land in COOK
County, Illinois, described as:



Doc#: 0918003068 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/29/2009 03:36 PM Pg: 1 of 3

That the deceased died DECEMBER 14, 1995, 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 _____

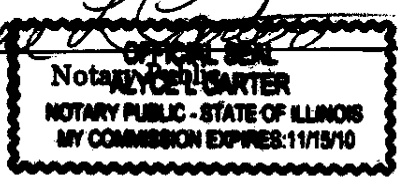
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of TEN Dollars (\$10.00) dollars.

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

Subscribed and sworn to before me by the said

Alyce C. Griffin
this 18th day of July, A.D. 2009

Alyce C. Griffin
(affiant's signature)



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LEGAL DESCRIPTION

THE EAST 43 FEET OF LOT 4 IN S.D. WEAKLEY'S SUBDIVISION OF LOTS 27 TO 31 INCLUSIVE IN BLOCK 1 OF TYLER'S SUBDIVISION OF THE SOUTH HALF OF THE NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 34, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 17-34-113-030

Property Address: 3250 S. King Drive, Chicago, Illinois

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. REGISTERED NUMBER

STATE FILE NUMBER

1023565

DECEASED NAME: **Ennext Augustata Guillain** LAST: **Guillain** SEX: **Male** DATE OF DEATH: **December 14, 1995**

COUNTY OF DEATH: **Cook** CITY/TOWN/TWP. OR ROAD/DISTRICT NUMBER: **Chicago** AGE LAST BIRTHDAY (M/D/Y): **83** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **3232 S. Martin Luther King, Jr. Dr.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Ill** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED: **Married** NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE): **Algece L. Carter**

SOCIAL SECURITY NUMBER: **10821-07-5567** USUAL OCCUPATION: **Funeral Director** KIND OF BUSINESS OR INDUSTRY: **Funeral Home** EDUCATION (SCHOOL, TRADE, COLLEGE, OR OTHER): **High School Graduate**

RESIDENCE (STREET AND NUMBER): **3232 S. Martin Luther King Dr.** CITY/TOWN/TWP. OR ROAD/DISTRICT NO.: **Chicago** INSIDE CITY: **Yes** COUNTY: **Cook**

STATE: **Illinois** ZIP CODE: **60616** RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC ORIGIN): **Black** 1a. MOTHER'S MIDDLE NAME: **Katherine A. Brown**

DECEASED'S FIRST, MIDDLE, LAST: **Stephen A. Guillain** RELATIONSHIP: **Wife** MAKING ADDRESS (STREET AND NUMBER, CITY OR TOWN, STATE, ZIP): **3232 S. King Dr. Chicago, Ill 60616**

1. PART I: Immediate Cause (Final disease or condition leading to death): **Ischemic Heart Disease**

2. CONDITIONS, IF ANY, WHICH CAUSE TO IMMEDIATE CAUSE (a) OR (b) OR AS A CONSEQUENCE OF (c): **D. fuse lase Cell Lymphoma; Nodular lymphoma; well differentiated years**

DATE OF OPERATION, IF ANY: **Ischemic Heart Disease** MAJOR FINDINGS OF OPERATION: **Ischemic Heart Disease**

21a. (DID NOT ATTEND THE DECEASED) (DID LAST SAW HIM/HER ALIVE ON): **200.** (MONTH, DAY, YEAR)

21b. (WAS CORONER OR MEDICAL EXAMINER NOTIFIED?) (YES/NO): **19b.**

21c. (IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?) (YES/NO): **20c.**

21d. (HOUR OF DEATH): **7:30 a.m.**

21e. (DATE SIGNED): **December 15, 1995**

21f. (KILNOS LICENSE NUMBER): **03656161**

22. SIGNATURE OF CERTIFIER: **Barbara Fuller, M.D.** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Dr. Barbara Fuller 104 S. Michigan Chicago, Ill 60603**

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Dr. Barbara Fuller**

24. FUNERAL HOME: **Guillain Funeral Home 3232 S. King Dr. Chicago, Illinois 60616**

25. CEMETERY OR CREMATORY NAME: **Graceland** LOCATION: **Chicago, Illinois**

26. LOCAL REGISTRAR SIGNATURE: **Sheila Lyne RSW**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **DEC 19 1995**

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

DEC 19 1995

SHEILA LYNE, RSW, 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Handwritten signature/initials: **Sheila Lyne**