



Chicago Title Insurance Co.

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

} ss.

Order No. \_\_\_\_\_

BETTYE THOMPSON \*\*\*\*\* being duly sworn

states that she resides at 11583 S. Sangamon, Chicago in the City of  
Chicago.

That she was acquainted with John Thompson  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as.

THAT PART OF LOT 17 LYING EASTERLY OF A LINE DRAWN FROM A POINT ON THE SOUTH LINE OF LOT 17, SAID POINT ALSO BEING THE NORTHEAST CORNER OF LOT 18, TO A POINT ON THE NORTH LINE OF LOT 17, 122.0 FEET EAST OF THE NORTHWEST CORNER THEREOF AND THAT PART OF LOT 22 LYING SOUTHWESTERLY OF A LINE DRAWN FROM A POINT ON THE EASTERLY LINE OF SAID LOT 22, 257.38 FEET SOUTHERLY OF THE NORTHEASTERLY CORNER THEREOF TO A POINT ON THE WESTERLY LINE OF LOT 22, SAID POINT BEING 6.01 FEET NORTHERLY AS MEASURED ALONG THE ARC FROM THE SLWY CORNER THEREOF IN MAPLE PARK COURT, BEING A RESUBDIVISION OF PART OF STANLEY MATHEW'S SUBDIVISION IN THE WEST 1/2 OF THE SOUTH EAST 1/4 ALSO PART OF CHYTRAUS AND DENEEN'S ADDITION TO WEST PULLMAN IN THE EAST 1/2 OF THE SOUTH EAST 1/4 TOGETHER WITH VACATED STREETS AND ALLEYS IN SECTION 20, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

That the deceased died September 4, 2004, 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.

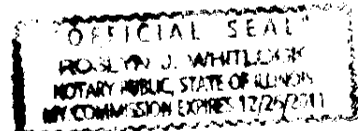
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Bettye Thompson

this 30<sup>th</sup> day of December, A.D. 2010

Roslyn J. Whittlock  
Notary Public



Bettye Thompson  
(affiant's signature)

# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SEP 10 2004

I, 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 LAW AND ORDINANCES.

*John L. Wilhelm, M.D.*  
LOCAL REGISTRAR



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16-10** STATE FILE NUMBER **612671**

**MEDICAL CERTIFICATE OF DEATH**

DECEASED—NAME: **JOHN THOMPSON** SEX: **2. MALE** DATE OF DEATH: **3. SEPTEMBER 4, 2004**

COUNTY OF DEATH: **COOK** DATE OF BIRTH: **5d. DECEMBER 3, 1938**

CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER: **6a. CHICAGO** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **11577 S. SANGAMON HOSPICE**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. SALLIS, MS.** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **8b. BETTYE GREER**

SOCIAL SECURITY NUMBER: **10. [REDACTED]-4949** USUAL OCCUPATION: **11a. TECHNICIAN** KIND OF BUSINESS OR INDUSTRY: **12. SELF-EMPLOYED**

RESIDENCE (STREET AND NUMBER): **13a. 11577 S. SANGAMON** CITY, TOWN, TWP. OR ROAD/DISTRICT NO.: **13b. CHICAGO** OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **13c. COOK**

STATE: **13e. IL** ZIP CODE: **13f. 60643** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14a. BLACK** MOTHER—NAME FIRST MIDDLE LAST: **14b. [REDACTED] DILLARD SUDDUTH**

FATHER—NAME FIRST MIDDLE LAST: **15. JAMES THOMPSON** RELATIONSHIP: **16. WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TWP., STATE, ZIP): **17c. 11577 S. SANGAMON CHICAGO, IL**

INFORMANT'S NAME (TYPE OR PRINT): **17a. BETTYE THOMPSON** RELATIONSHIP: **17b. WIFE**

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

(a) **Prostate CA & Mets**  
 (b) **Due to, or as a consequence of**  
 (c) **Due to, or as a consequence of**

Immediate Cause (Final disease or condition resulting in death): **(a)**  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b)**  
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **(c)**

DATE OF OPERATION, IF ANY: **20a.** MAJOR FINDINGS OF OPERATION: **20b.**

(1)(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **21a.** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **21b. N**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: **[Signature]** ILLINOIS LICENSE NUMBER: **22d. 036 022129**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22c. Leonard Robinson, MD, 20939 S. Cicero Matteson, IL.**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **23a. GATTLING'S CHAPEL INC, 10133 S. HALSTED ST CHICAGO, IL**

BURIAL CEMETERY OR CREMATORY—NAME (TYPE OR PRINT): **24a. Burial** CITY OR TOWN: **24c. Chicago, IL** DATE (MONTH, DAY, YEAR): **24d. 9-11-04**

FUNERAL HOME: **25a. GATTLING'S CHAPEL INC, 10133 S. HALSTED ST CHICAGO, IL** STATE: **24e. IL** ZIP: **60628**

FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 034074948**

LOCAL REGISTRAR'S SIGNATURE: **[Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26a. SEP 10 2004**