

# UNOFFICIAL COPY

DECEASED JOINT  
TENANCY AFFIDAVIT



Doc#: 1126434066 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/21/2011 01:39 PM Pg: 1 of 3

STATE OF ILLINOIS     )  
                                  )     SS  
COUNTY OF COOK     )

Alma Richmond, being first duly sworn states that she resides at 3914 W. Monroe Street, Chicago, IL 60624.

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

See Attached

That the deceased died NOV. 07, 1979, as evidenced by a certified copy of death certificate of the deceased attached hereto.

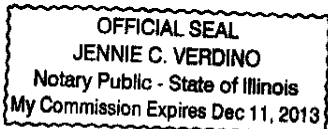
That the deceased died:

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 Cook County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 \$150,000.00 dollars.



Alma Richmond  
Alma Richmond

Subscribed and sworn to before me this 14 day of September, 2011.

Jennie C. Verdino  
Notary Public

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## LEGAL DESCRIPTION

Lot 3 in Resubdivision of the East 5.92 feet of Lot 36 and all of Lots 27 to 45 in Block 2 in Lambert Tree's Subdivision of the West One Half of the Northwest Quarter of Section 14, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number (s): 16-14-100-028-0000

Address of Real Estate: 3914 W. Monroe Street, Chicago, IL 60624

Property of Cook County Clerk's Office

REGISTRATION NO. 16.10  
 DISTRICT NO.  
 REGISTERED NUMBER

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
 624413

November 8, 1979

DECEASED - NAME: **Elyas, C. Richmond** SEX: **Male** DATE OF DEATH: **November 7, 1979** (MONTH, DAY, YEAR)

1. **White Male American** ORIGIN OR DESCENT: **C. Richmond** AGE - LAST BIRTHDAY (Y.M.S.): **73** UNDER 1 YEAR: **1** UNDER 1 DAY: **6** DATE OF BIRTH (MO. DAY, YEAR): **FEB 8 1906** COUNTY OF DEATH: **COOK**  
 4a. **BLAISE** 4b. **AMERICAN** 4c. **73** 4d. **1** 4e. **6** 4f. **FEB 8 1906** 4g. **COOK**  
 CITY, TOWN, TW. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **MT. SINAI** (IF HOSP. OR INST. INDICATE DOA, OP/EMER, RM, INPATIENT (SPECIFY))

7a. **Chicago** 7b. **USA** 7c. **MT. SINAI** 7d. **D.O.A.**  
 8. **ARKANSAS** 9. **USA** 10. **MARRIED** 11. **Alma Sawyer**  
 SOCIAL SECURITY NUMBER: **-8707** 13a. **JANITOR** 13b. **GENERAL** 13c. **YES** 13d. **WILL**  
 RESIDENCE STREET AND NUMBER: **3914 W. MONROE ST** CITY, TOWN, TW. OR ROAD DISTRICT NO.: **CHICAGO** INSIDE CITY (YES/NO): **YES** 14d. **COOK** STATE: **ILL.**

15. **OTHER NAME** **ELIJAH RICHMOND** MOTHER - MAIDEN NAME: **DELIA LEECH** 16. **DATE** **1914** 17. **WIFE** 17c. **3914 W. MONROE ST.**  
 DEATH CAUSED BY: **Neuroendocrine tumor of the colon** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
 IMMEDIATE CAUSE: **Neuroendocrine tumor of the colon**  
 (a) **Neuroendocrine tumor of the colon**  
 (b) **Prostatic Carcinoma**  
 (c) **6 Weeks**

18. **OTHER SIGNATURE** **Elmer Richmond** RELATIONSHIP: **Wife** MAILING ADDRESS: **3914 W. MONROE ST., CHICAGO, ILL.**  
 DEATH CAUSED BY: **Neuroendocrine tumor of the colon**  
 IMMEDIATE CAUSE: **Neuroendocrine tumor of the colon**  
 (a) **Neuroendocrine tumor of the colon**  
 (b) **Prostatic Carcinoma**  
 (c) **6 Weeks**

20a. **ENDED** **1, 1979** TO **NOV 7-1979** **NOVEMBER 1, 1979** **4:50 A.M.**  
 DATE OF OPERATION, IF ANY: **20b.** MAJOR FINDINGS OF OPERATION: **19a. NO** 19b. **19b.**  
 PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (GIVE IN PART (a))

22a. **Philip Bonomi, M.D.** 1725 W. Harrison, Chicago, Ill 60612  
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE IN FULL)  
 SIGNATURE: **Philip Bonomi** DATE SIGNED: **November 7, 1979**  
 ILLINOIS LICENSE NUMBER: **22436-52056**

23. **Philip Bonomi, M.D.** 1725 W. Harrison, Chicago, Ill 60612  
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE IN FULL)  
 SIGNATURE: **Philip Bonomi** DATE SIGNED: **November 7, 1979**  
 ILLINOIS LICENSE NUMBER: **22436-52056**

24a. **BLAISE** 24b. **OKA RIDE** 24c. **HILLSIDE, ILLINOIS** 24d. **NOV 13 1979**  
 CEMETERY OR CREMATORY NAME: **OKA RIDE** LOCATION: **HILLSIDE, ILLINOIS** DATE: **NOV 13 1979**  
 STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. **Heuse C Branch** 3125 W. Roosevelt Rd Chicago, Ill. 60612  
 FUNERAL HOME: **Heuse C Branch** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **54**  
 NAME: **Heuse C Branch** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

26a. **Philip Bonomi** CHICAGO DEPT. OF HEALTH  
 LOCAL REGISTRAR'S SIGNATURE: **Philip Bonomi** RICHARD J. DALEY CENTER, ROOM 111  
 CONCOURSE LEVEL, CHICAGO 60602  
 DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **NOV 8 1979**  
 (BASED ON 1978 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS }  
 COUNTY OF COOK } SS  
 CITY OF CHICAGO }

I, Hugo H. Murriel, 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID  
 When MULTICOLOR SEAL  
 And BLUE SIGNATURE ARE  
 Affixed.