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Doc#: 1607819080 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/18/2016 11:47 AM Pg: 1 of 3

THE ABOVE SPACE FOR RECORDER'S USE ONLY

DECEASED JOINT TENANCY AFFIDAVIT

AFFIANT, BARBARA CLAYTON, being duly sworn on oath, states that she resides at 7819 S. Michigan Avenue, Chicago, Illinois 60619 and that:

She is the daughter of JOHN MARTIN, deceased, and ANNIE B. MARTIN, deceased, who, at the time of their deaths, owned with each other and Affiant in joint tenancy, land in Cook County, Illinois, legally described as:

LOT 8 (EXCEPT THE NORTH 15 FEET) AND LOT 9 (EXCEPT THE SOUTH 5 FEET) IN SUBDIVISION OF LOTS 7 TO 12 IN BLOCK 21 IN PITNER SUBDIVISION OF THE SOUTHWEST ¼ OF SECTION 27, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address: 7819 S. Michigan Avenue, Chicago, IL 60619
P.I.N.: 20-27-320-007-0000

Decedent, JOHN MARTIN, died on May 24, 1970, as evidenced by the certified copy of the Death Certificate of said Decedent hereto attached as part hereof. The ownership of the above land vested in the other joint tenants, decedent, ANNIE B. MARTIN, and Affiant, BARBARA CLAYTON.

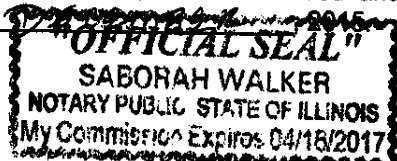
Decedent, ANNIE B. MARTIN, died on January 23, 2014, as evidenced by the certified copy of Death Certificate of said Decedent hereto attached as part hereof. The ownership of the above land vested in the other joint tenant, Affiant, BARBARA CLAYTON, and she became the sole owner of said land.

The total value of the Estate of Decedent JOHN MARTIN, including both real and personal property owned by the decedent at the time of his death, either individually or in joint tenancy, did not exceed the sum of \$600,000.00. The total value of the Estate of Decedent ANNIE B. MARTIN, including both real and personal property owned by the decedent at the time of her death, either individually or in joint tenancy, did not exceed the sum of \$600,000.00.

Affiant makes this Affidavit for the purpose of inducing any title insurance company authorized to do business in the State of Illinois to issue its title insurance policy on said realty free of any objections or memorials relative to the Estate of said Decedents.

Barbara Clayton
Barbara Clayton, Affiant

STATE OF ILLINOIS, COUNTY OF COOK, ss. Subscribed and sworn to before me by the said Barbara Clayton on, this 16th day of March, 2016.



Saborah Walker
Notary Public

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BOARD OF HEALTH - CITY OF CHICAGO

UNOFFICIAL COPY

MAY 26, 1970

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

I, Murray C. Brown, 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
Only When Original BLUE
SEAL And BLUE SIGNATURE
Are Affixed.



Murray C. Brown
LOCAL REGISTRAR

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
615659

REGISTRATION DISTRICT NO. 16.10	DECEASED-NAME JOHN MARTIN	SEX 2. MALE	DATE OF DEATH 3. MAY 24-70
RACE 4. NEGRO	AGE 5a. 46	DATE OF BIRTH 6. 01-21-24	PLACE OF DEATH 7a. Cook
BIRTHPLACE 7b. Chicago	CITIZENSHIP 9. USA	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. GENERAL	HOSPITAL OR OTHER INSTITUTION-NAME 7d. COOK COUNTY HOSPITAL
SOCIAL SECURITY NUMBER 12. 6923	USUAL OCCUPATION 13a. LABORER	INSIDE CITY 14c. CHICAGO	NAME OF SURVIVING SPOUSE 11. ANNIE B. WILLIAMS
FATHER-NAME 14b. COOK	MOTHER-MAIDEN NAME 14d. YES	INSIDE CITY 14e. CHICAGO	WAR OR DATES OF SERVICE 12. U.S. WAR VETERAN
INFORMANT'S SIGNATURE 15. Marie Woodmen	RELATIONSHIP 16. ENMA DORSEY	STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP 17a. RECORDS 7c. COOK COUNTY HOSPITAL	U.S. WAR VETERAN 13c. NO
DEATH WAS CAUSED BY: IMMEDIATE CAUSE 18. (a) Myophlo sarcinosa (b) DUE TO OR AS CONSEQUENCE OF: (c) DUE TO OR AS A CONSEQUENCE OF:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP 19. NO	IF YES, WERE FINDINGS CONFIRMED IN DETERMINING CAUSE OF DEATH 19a. YES 19b. NO
DATE OF OPERATION, IF ANY 20a. 04-22-70 TO 21b. 05-24-70	MAJOR FINDINGS OF OPERATION 20b.	DATE SIGNED 22a. May 24 1970	HOUR OF DEATH 21d. 5-20 AM
ATTENDED FROM: 21a.	DATE OF OPERATION, IF ANY 21c.	DATE SIGNED 22b. May 24 1970	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
SIGNATURE 22a. J. H. Brown	DATE SIGNED 22b. May 24 1970	ILLINOIS LICENSE NUMBER 22c. 336-3578	
MAILING ADDRESS-CERTIFIER 23. 1825 W. MARLIS ON	CITY OR TOWN 23a. CHICAGO	STATE 23b. ILLINOIS	ILLINOIS LICENSE NUMBER 23c. 60612
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	LOCATION 24b. LINCOLN	CITY OR TOWN 24c. WORTH	STATE 24d. ILLINOIS
FUNERAL HOME 25a. TAYLOR FUNERAL HOME	STREET AND NUMBER OR R. F. D. 25b. 63 E 79th ST	CITY OR TOWN 25c. CHICAGO	STATE 25d. ILLINOIS
FUNERAL DIRECTOR'S SIGNATURE 25e. Charles S. Taylor	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25f. 6852	DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26a. MAY 26 1970	DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAY 26 1970
LOCAL REGISTRAR'S SIGNATURE 26c. Murray C. Brown	LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER 26d. 60602	BASED ON 1968 U.S. STANDARD CERTIFICATE	

JEB BOSWEL

OFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0007341 MEDICAL EXAMINER'S CASE NUMBER 380 JAN 14 DATE ISSUED 2/26/2014

DECEDENT'S LEGAL NAME ANNIE B MARTIN		SEX FEMALE	DATE OF DEATH JANUARY 23, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH JUNE 04, 1925		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 7819 SOUTH MICHIGAN		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE HOLLY SPRINGS, MS	SOCIAL SECURITY NUMBER [REDACTED] 3656	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7819 S MICHIGAN AVE ENJE	APT. NO. 2	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60619	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SAMMIE WILLIAMS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OLA B BLAKE
INFORMANT'S NAME DOROTHY DAVIS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 7819 S MICHIGAN AVENUE APT 2, CHICAGO, IL, 60619	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION LINCOLN CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION FEBRUARY 01, 2014	
FUNERAL HOME TAYLOR FUNERAL HOME LTD, 63 E 79TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME CHARLES B TAYLOR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010097	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 29, 2014	
CAUSE OF DEATH PART I. SUBARACHNOID HEMORRHAGE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ <small>Due to (or as a consequence of)</small>				
b. RUPTURED CEREBRAL ANEURYSM				

c. HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE				

<small>Due to (or as a consequence of)</small>				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? YES	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JANUARY 23, 2014	TIME OF DEATH 08:00 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JANUARY 23, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEPHEN J CINA MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

Record Amended on: 2/24/2014



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM