

UNOFFICIAL COPY

FIDELITY NATIONAL TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

Return to: Dawn Tetlak/AEG
5455 Detroit Rd, STE B
Sheffield Village, OH 44054
440-716-1820

STATE OF ILLINOIS)
) ss.
COUNTY OF WILL)

ORDER NO.: #2923800 - 10

Doris Johnson, being duly sworn states that she resides at 4525 S. Laramie Avenue, in the City of Chicago, IL 60638 .

That Doris Johnson was acquainted with James E. Johnson deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

The following described Real Estate situated in the County of Cook in the State of Illinois, to wit: Lot 32 in Block 13 in Frederick H. Bartlett's Central Chicago Subdivision in the South East Quarter (SE1/4) of Section 4 and in the North East Quarter (NE1/4) and the South East Quarter (SE1/4) of Section 9, Township 38 North, Range 13 East of the Third Principal Meridian.

Parcel: 19-04-416-009-0000

Address: 4525 S. Laramie Avenue, Chicago, IL 60638



Doc# 1718739237 Fee \$64.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 07/06/2017 03:32 PM PG: 1 OF 3

That the deceased died 07/19/1988 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 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 _____ N/A dollars.

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

S N
P 3
S N
M N
SC 4
E 4
INT 2

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Subscribed and sworn to before me by the said

DORIS JOHNSON

this 30 day of MAY, A.D. 20 17

[Signature]
Notary Public

[Signature]
(Affiant's Signature)

DJTAF



Prepared By:
Doris Johnson
4525 S Laramie Avenue
Chicago, IL 60638

Property of Cook County Clerk's Office

v2017 New Document



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UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: JULY 22 1988

SIGNED: J. Freyer

AT: BERWYN, ILLINOIS

OFFICIAL TITLE: DEPUTY REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

Type or Print as Registered in the Illinois Department of Public Health or Instructions

REGISTERED NUMBER 670

MEDICAL CERTIFICATE OF DEATH

1. NAME: JAMES JOHNSON
 2. SEX: M
 3. DATE OF BIRTH: July 19, 1948
 4. COUNTY OF BIRTH: Cook
 5. DATE OF DEATH: Jan. 7, 1988
 6. HOSPITAL OR OTHER INSTITUTION: Macneal Hospital
 7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago - Berwyn
 8. STATE OF BIRTH: Illinois
 9. CITIZENSHIP: USA
 10. MARRIAGE: MARRIED
 11. SURVIVING SPOUSE: DORIS EDWARDS
 12. USUAL OCCUPATION: Laborer
 13. KIND OF BUSINESS OR INDUSTRY: Truck Driver
 14. MOTHER-MAIDEN NAME: Percy
 15. FATHER-NAME: Alfred Johnson
 16. RELATIONSHIP: WIFE
 17. MAILING ADDRESS: 4525 S. Laramie Chgo, Ill.
 18. DEATH WAS CAUSED BY: CHRO. PULMONARY ARREST
 19. CONDITIONS, IF ANY, WHICH GIVE RISE TO SUSPICION AS TO WHETHER CAUSE IS TRUE OR AS A CONSEQUENCE OF: EXTENSIVE MYO CARDIAC DISEASE

20. DATE OF OPERATION: ANY MAJOR FINDINGS OF OPERATION
 21. ILLINOIS LICENSE NUMBER: 36-24535
 22. NAME OF ATTENDING PHYSICIAN: Charles R. Cook
 23. BUREAU OF VITAL RECORDS: Chicago, Ill.
 24. DATE SIGNED: 7-21-88
 25. ILLINOIS LICENSE NUMBER: 36-24535

26. FUNERAL HOME: A.A. Rayner Sons
 27. STREET AND NUMBER OR R.F.D.: 5911 West Madison
 28. CITY OR TOWN: Cicero
 29. STATE: Illinois
 30. ZIP: 60644
 31. FUNERAL DIRECTOR'S SIGNATURE: Charles S. Cook
 32. ILLINOIS LICENSE NUMBER: 85993
 33. DATE RECD. BY LOCAL REGISTRAR: July 22, 1988
 34. LOCAL REGISTRAR'S SIGNATURE: James H. Freyer

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PROPERLY FILED

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Illinois Department of Public Health, Office of Vital Records