



2217908090

PREPARED BY AND MAIL RECORDED

DOCUMENT TO:

Margaret O'Sullivan, PC
10723 W. 159th Street
Orland Park, IL 60467

Doc# 2217908090 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/28/2022 04:01 PM PG: 1 OF 3

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
)SS:
COUNTY OF COOK)

JOSEPHINE SYKES, being duly sworn states that she resides at 7937 S. Paxton Ave., Chicago, IL 60617.

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

THE SOUTH 5 FEET OF LOT 18, ALL OF LOT 19 AND THE NORTH 18 1/3 FEET OF LOT 20 IN BLOCK 4 IN RICHARDSON'S SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died November 17, 1989, as evidenced by a certified copy of the 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 Will County, Illinois.

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UNOFFICIAL COPY

[] 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 \$ 10,000.00 dollars.

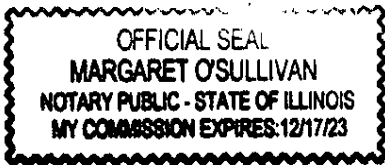
Affiant makes this affidavit for the purpose of inducing Cook County Clerk to record a Transfer on Death Instrument regarding the above mentioned property.

Subscribed and sworn to before me

this 8th day of June, 2022.

Margaret O'Sullivan
Notary Public

Josephine Aykes
Affiant's Signature



Property of Cook County Clerk's Office

UNOFFICIAL COPY

DEPARTMENT OF HEALTH - CITY OF CHICAGO

NOV 27 1989

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SS

I, JAMES W. MASTERSON, M.P.H., ACTING 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 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

622261

MEDICAL CERTIFICATE OF DEATH

FIRST NAME JESSE		MIDDLE JAMES		LAST SYKES		SEX 2. MALE	DATE OF DEATH 9. NOVEMBER 17, 1989	
AGE LAST BIRTHDAY 56. 53		UNDER 1 DAY 56.		DATE OF BIRTH 19. NOVEMBER 17, 1936		IF HOSP. OR INST. INDICATED OR A OP-EMER. INPATIENT (SPECIFY) 54. FEBRUARY 7, 1989		
HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN EITHER, GIVE STREET AND NUMBER SOUTH SHORE HOSPITAL								
NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) 8b. JOSEPHINE CANADA								
KIND OF BUSINESS OR INDUSTRY 11b. AMTRAK								
CITY, TOWN, OR ROAD DISTRICT NO. 13b. CHICAGO								
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK								
MOTHER - NAME FIRST MIDDLE LAST 14b. MNO								
RELATIONSHIP 16. SALLIE SYKES								
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 8015 S. LUELLA CHICAGO, ILL 60617								
APPROXIMATELY 15 MINUTES BEFORE TO CALLED TO - CAUSE OF DEATH (YES/NO) 19b. NO								
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>								
MAJOR FINDINGS OF OPERATION 20b. <i>Amnesia</i>								
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? 21b. NO								
DATE SIGNED (MONTH, DAY, YEAR) 21c. NOVEMBER 17, 1989								
DATE OF DEATH OCCURRED AT THE TIME, DATE AND PLACE AND TIME OF THE CAUSE(S) STATED. 22b. <i>Amnesia</i>								
ILLINOIS LICENSE NUMBER 22c. <i>1155 A. M.</i>								
DECEASED (TYPE OR PRINT) 22d. <i>ARCILLAS M.D. 8015 S. LUELLA CHGO, ILL</i>								
NOTE: IF AN INDUSTRY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.								
CEMETERY OR CREMATORY - NAME 24b. OAK HILL			LOCATION 24c. GARY			STATE INDIANA		
STREET AND NUMBER OR R.F.D. 63 E 79th St			CITY OR TOWN CHICAGO			DATE (MONTH, DAY, YEAR) 24d. <i>November 22 1989</i>		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 7410								
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) NOV 21 1989								

(a) *Due to a consequence of*
 (b) *Chronic disease of stomach, with*
 (c) *due to a consequence of*