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**DECEASED JOINT TENANCY
AFFIDAVIT**

Doc# 2321522018 Fee \$88.00

RHSP FEE: \$18.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 08/03/2023 12:20 PM PG: 1 OF 2

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Evangeline S. Brown, being duly sworn,
states that she resides at 834 N. Drake
Avenue, Chicago, IL 60651.
That she was acquainted with
HENRY L. BROWN deceased, who
at the time of his death, was one of the
owners of the land in Cook
County, Illinois, described as:

Lot 6 in Block 1 in Walker and Armour's Addition to Chicago being a Subdivision of Blocks 7 and 8 in the Subdivision of the South 45 acres of the West 1/2 of the Southwest 1/4 of Section 13, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Numbers: 16-13-327-023-0000

Address of Real Estate: 1114 S. Sacramento Blvd., Chicago, IL 60612.

Henry L. Brown was one of the parties who took title, not in tenancy in common, but as joint tenancy to the subject real estate.

That the decedent died **April 1, 2003**, as evidenced by the death certificate of the deceased attached hereto as Exhibit "A" leaving **Evangeline S. Brown** as the sole owner of the above subject real estate.

That the deceased died intestate.

Affiant make this affidavit for that purpose of inducing any Title Company which does business in the State of Illinois to issue its title insurance policy, describing the above-mentioned property, free of any objections or memorials relative to the Estate of said Decedent.

Evangeline S. Brown
EVANGELINE S. BROWN

SUBSCRIBED and SWORN to before me by the said this **1ST** day of **AUGUST, 2023**.

Benjamin E. Starks, Jr.
NOTARY PUBLIC



PREPARED BY & MAIL TO:
STARKS & ASSOCIATES, P.C.,
Atty. Benjamin E. Starks
11528 S. Halsted, Chicago, IL 60628
Ph# (773) 995-7900
Fax# (773) 995-7921 or (773) 321-0254
Email: starklaws@yahoo.com

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 03 2003

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 KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER **604949**

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

DECEASED-NAME **HENRY IEE BROWN** SEX **MALE** DATE OF DEATH (MONTH, DAY, YEAR) **APRIL 01 2003**

COUNTY OF DEATH **COOK** DATE OF BIRTH (MONTH, DAY, YEAR) **FEBRUARY 27 1934**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **CHICAGO (HOME) 834 NORTH DRAKE** IF HOSE, OR INST, INDICATE D.O.A. OPEREM, RM, INFANT (SPECIFY) **DOA**

AGE-LAST BIRTHDAY (YRS) **69** UNDER 1 DAY HOURS **5** MIN. **5** DATE OF BIRTH (MONTH, DAY, YEAR) **FEBRUARY 27 1934** WAS DECEASED EVER IN U.S. ARMY (YES/NO) **YES (ARMY)**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **EVANGELINE BROWN**

SOCIAL SECURITY NUMBER **10512 30 6799** KIND OF BUSINESS OR INDUSTRY **GENERAL** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **College (1-4 or 5-)**

RESIDENCE (STREET AND NUMBER) **834 NORTH DRAKE** CITY, TOWN, TWP, OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **BLACK** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)

FATHER-NAME FIRST MIDDLE LAST **COO BROWN** MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST **LORENE (FREEMAN) BROWN-FORD**

RELATIONSHIP **WIFE** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, STATE, ZIP) **834 NORTH DRAKE, CHICAGO, IL 60651**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **LUNG CANCER, NON-SMALL CELL** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH **3 MONTHS**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **DOE TO, OR AS A CONSEQUENCE OF**

CAUSE LAST. (b) **DOE TO, OR AS A CONSEQUENCE OF**

(c) **DOE TO, OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in P.I./ATI.

DATE OF OPERATION, IF ANY **MARCH 1, 2003** MAJOR FINDINGS OF OPERATION **AS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)**

20b. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **MARCH 1, 2003** DATE AND PLACE AND TIME TO THE CAUSE(S) STATED. **11:55 A.M.**

21b. SIGNATURE **ATHANASSIOS ARGIRIS, MD** ILLINOIS LICENSE NUMBER **036-103489**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **ATHANASSIOS ARGIRIS, MD** NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BIRTHAL CREMATION, REMOVAL (SPECIFY) **BURIAL** CEMETERY OR CREMATORY-NAME **FOREST HOME** CITY OR TOWN **FOREST PARK** STATE **ILLINOIS** DATE (MONTH, DAY, YEAR) **APRIL 05 03**

24b. FUNERAL HOME **HOUSE OF BRANCH FUNERAL HOME** STREET AND NUMBER OF R.F.D. **3125 W ROOSEVELT RD** CITY OR TOWN **CHICAGO** STATE **ILLINOIS** ZIP **60612**

25b. LOCAL REGISTRAR'S SIGNATURE *John L. Wilhelm, MD* FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034 014387**

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **APR 03 2003**

(BASED ON 1989 U.S. STANDARD CERTIFICATE)