

# UNOFFICIAL COPY

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## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

Order No. \_\_\_\_\_

Cherlynnne Fulton, Co-Administrator of the Estate of Evarne Pearson, Deceased, joint tenant Being duly sworn states that she resides at 228 E. 149th Street in the City of Harvey

That she was acquainted with Ramona Pearson

deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOTS 4 AND 5 IN BLOCK 152 IN HARVEY IN THE SOUTH HALF OF THE SOUTH EAST QUARTER OF THE SOUTH EAST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 7, TOWNSHIP 36. NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, SOUTH OF THE INDIAN BOUNDARY LINE, IN COOK COUNTY, ILLINOIS.

29-07-332-004

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85279799

That the deceased died June 13, 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 \_\_\_\_\_ 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 Thirty Thousand and 00/100 ----- (\$30,000.00) ----- dollars.

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

Subscribed and sworn to before me by the said

Cherlynnne Fulton

this 7th day of November, A.D. 1979

A. Pamela Michael

Notary Public

Cherlynnne R. Fulton

(affiant's signature)

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Property of Cook County Clerk's Office

LEONARD D. WALBERG  
ATTORNEY AT LAW  
15525 SOUTH PARK  
SOUTH HOLLAND, IL 60479  
312-591-2100

The original of this death record is permanently filed with the Illinois Dept. of Public Health at Springfield. County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes provide that the certification of a death record by the Dept. of Public Health, Local Registrar or the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named therein 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.

DATED JUN 13 1979

SIGNED

*John J. ...*

LOCAL REGISTRAR

662622538

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.54	REGISTRATION NUMBER	DECEASED NAME RAYMONA PEARSON	SEX FEMALE	DATE OF BIRTH JUN 13 1929
1. PLACE OF BIRTH (Include county) ILLINOIS	2. ORDER OF BIRTH 1	3. SEX M	4. RACE W	5. DATE OF DEATH NOV 16 1978
6. BLACK	7. MALE	8. WHITE	9. OTHER	10. COUNTY OF DEATH COOK
11. HARVEY	12. INIGALLS	13. MEMORIAL	14. HOSP	15. AREA
16. ILLINOIS	17. U.S.A	18. MARRIED NEVER MARRIED	19. MARRIED	20. HUSBAND'S NAME E HARVEY PEARSON
21. SOCIAL SECURITY NUMBER 337-34-9881	22. USUAL OCCUPATION HOUSEWIFE	23. OWN HOME	24. U.S. WAR VETERAN	25. WAR OR DATES OF SERVICE NONE
26. 194 W 150 N	27. HARVEY	28. YES	29. NO	30. NONE
31. FATHER NAME GEORGE	32. MOTHER YALIN	33. BELL	34. AVERS	
35. DEATH WAS CAUSED BY	36. IMMEDIATE CAUSE	37. (a) ARTERIOSCLEROTIC CARDIOVASCULAR	38. DISASE	
39. (b) DUE TO OR AS A CONSEQUENCE OF	40. (c) OTHER SIGNIFICANT CONDITION			
41. ACCIDENT	42. INJURY AT WORK	43. INJURY AT HOME	44. INJURY WHILE ENGAGED IN PLEASANT PASTIME	45. INJURY WHILE ENGAGED IN DUTY
46. 201	47. 201	48. 201	49. 201	50. 201
51. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT	52. MEDICAL EXAMINER'S SIGNATURE	53. DATE SIGNED	54. AT	55. CITY
	<i>Dr. Joe Bernulland</i>	JUL 13 1979	JUL 14 1979	CHICAGO
56. REGISTRATION DISTRICT NO. 16.54	57. REGISTRATION NUMBER	58. DECEASED NAME RAYMONA PEARSON	59. SEX FEMALE	60. DATE OF BIRTH JUN 13 1929
61. PLACE OF BIRTH (Include county) ILLINOIS	62. ORDER OF BIRTH 1	63. SEX M	64. RACE W	65. DATE OF DEATH NOV 16 1978
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71. HARVEY	72. INIGALLS	73. MEMORIAL	74. HOSP	75. AREA
76. ILLINOIS	77. U.S.A	78. MARRIED NEVER MARRIED	79. MARRIED	80. HUSBAND'S NAME E HARVEY PEARSON
81. SOCIAL SECURITY NUMBER 337-34-9881	82. USUAL OCCUPATION HOUSEWIFE	83. OWN HOME	84. U.S. WAR VETERAN	85. WAR OR DATES OF SERVICE NONE
86. 194 W 150 N	87. HARVEY	88. YES	89. NO	90. NONE
91. FATHER NAME GEORGE	92. MOTHER YALIN	93. BELL	94. AVERS	
95. DEATH WAS CAUSED BY	96. IMMEDIATE CAUSE	97. (a) ARTERIOSCLEROTIC CARDIOVASCULAR	98. DISASE	
99. (b) DUE TO OR AS A CONSEQUENCE OF	100. (c) OTHER SIGNIFICANT CONDITION			
101. ACCIDENT	102. INJURY AT WORK	103. INJURY AT HOME	104. INJURY WHILE ENGAGED IN PLEASANT PASTIME	105. INJURY WHILE ENGAGED IN DUTY
106. 201	107. 201	108. 201	109. 201	110. 201
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146. 194 W 150 N	147. HARVEY	148. YES	149. NO	150. NONE
151. FATHER NAME GEORGE	152. MOTHER YALIN	153. BELL	154. AVERS	
155. DEATH WAS CAUSED BY	156. IMMEDIATE CAUSE	157. (a) ARTERIOSCLEROTIC CARDIOVASCULAR	158. DISASE	
159. (b) DUE TO OR AS A CONSEQUENCE OF	160. (c) OTHER SIGNIFICANT CONDITION			
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211. FATHER NAME GEORGE	212. MOTHER YALIN	213. BELL	214. AVERS	
215. DEATH WAS CAUSED BY	216. IMMEDIATE CAUSE	217. (a) ARTERIOSCLEROTIC CARDIOVASCULAR	218. DISASE	
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261. SOCIAL SECURITY NUMBER 337-34-9881	262. USUAL OCCUPATION HOUSEWIFE	263. OWN HOME	264. U.S. WAR VETERAN	265. WAR OR DATES OF SERVICE NONE
266. 194 W 150 N	267. HARVEY	268. YES	269. NO	270. NONE
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VISSOFC (REV. 1/78)

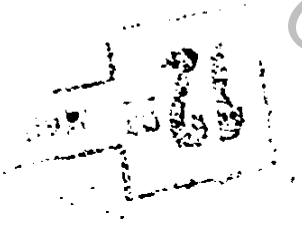
Illinois Department of Public Health - Office of Vital Records

PRINTED ON 1978 U.S. STANDARD CERTIFICATE

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15525 SOUTH PARK  
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596-2100  
331-5010

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06/26/2008



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