



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

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

VELMA PRYOR being duly sworn  
states that SHE resides at 6921 SOUTH KING DRIVE in the City of  
CHICAGO

That SHE was acquainted with FRANK H. PRYOR  
deceased who, at the time of HIS death, was one of the owners of the land in COOK  
County, Illinois, described as:

NINETY ROOM HOUSE BLDG IN NEED  
OF REPAIRS

DOCUMENT  
NUMBER  
18910101

LOT 9 AND THE NORTH 1/2 OF LOT 10 IN BLOCK  
10 IN JOHNSTON AND CLEMENT 23 SUBDIVISION OF  
THE WEST 1/2 OF THE SOUTHWEST 1/4 (EXCEPT THE RAILROAD)  
OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE  
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died OCTOBER 13, 1985, 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 \$157,000 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

this 14<sup>th</sup> day of November, A.D. 19 85  
Brenda Allen  
Notary Public

X Velma Pryor  
(affiant's signature)

PROPERTY INDEX NUMBERS

pe

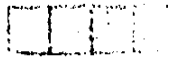
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October 16, 1985

STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., 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.

*Lonnie C. Edwards M.D. M.P.A.*  
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID  
WHEN MULTICOLOR SEAL AND  
BLUE SIGNATURE ARE AFFIXED

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER **62040A**  
DECEASED NAME **FRANK D. PRYOR**

1. NAME (LAST, FIRST, MIDDLE OR DISCREET NAME, ETC. (SPECIFY)) **FRANK D. PRYOR**  
2. SEX **Male**  
3. DATE OF DEATH (MONTH, DAY, YEAR) **Oct. 13, 1985**  
4. PLACE OF DEATH (HOSPITAL OR OTHER INSTITUTION) **Michael Reese Hospital**  
5. CITY, TOWN, OR VILLAGE **Chicago**  
6. DATE OF BIRTH (MONTH, DAY, YEAR) **6. Oct. 13, 1906**  
7. COUNTY OF BIRTH **Cook**  
8. STATE OF BIRTH (IF NOT U.S.A.) **Arkansas**  
9. CITIZENSHIP **United States**  
10. MARRIAGE STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)) **Married**  
11. NAME OF SURVIVING SPOUSE (MARRIED, WIDOWED, DIVORCED) **Velma Carter**  
12. SOCIAL SECURITY NUMBER **318-07-2954**  
13. OCCUPATION **Accountant**  
14. RETIRED (YES OR NO) **Retired**  
15. RESIDENCE STREET AND NUMBER **6921 So. King Drive**  
16. CITY, TOWN, OR VILLAGE **Chicago**  
17. STATE **Illinois**  
18. FATHER NAME (FIRST, MIDDLE, LAST) **Frank D. Pryor**  
19. MOTHER MAIDEN NAME (FIRST, MIDDLE, LAST) **Earl Ann Davidson**  
20. RELATIONSHIP (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP) **Med Records, Lake Shore Drive At 31st Street Chicago, Illinois**  
21. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (1), (2), AND (3))  
(1) **Renal Failure**  
(2) **Congestive Heart Failure**  
(3)   
22. OTHER SIGNIFICANT CONDITIONS, COMMENTS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH (PART I)  
**None**  
23. DATE OF OPERATION, IF ANY  
24. MAJOR FINDINGS OF OPERATION  
**None**  
25. I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON  
**October 12, 1985**  
26. I DID NOT KNOW THE DEATH OCCURRED AT THE TIME, DATE AND PLACE (SEE TO THE CAUSE(S) STATED).  
**None**  
27. SIGNATURE **David T. Wechter**  
28. NAME AND ADDRESS OF CERTIFIER  
**David T. Wechter, M.D., Lake Shore Drive at 31st Street Chicago, Illinois 60616**  
29. ILLINOIS LICENSE NUMBER **36-61251**  
30. DATE (MONTH, DAY, YEAR) **Oct. 17, 1985**  
31. CITY OF TOWN **Worth, Illinois**  
32. STREET AND NUMBER OF F. D. **4114 S. Michigan**  
33. CITY OF TOWN **Chicago, Illinois**  
34. ILLINOIS LICENSE NUMBER **31-8366**  
35. LOCAL REGISTRAR'S SIGNATURE **Lonnie C. Edwards M.D. M.P.A.**  
36. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **OCT 16 1985**

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