



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. 20895676

Lola B Holley being duly sworn
states that F resides at 6121 So. VERMONT in the City of
Chicago Illinois

That F was acquainted with Jordan L Holley
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 8 in Block 3 in the Resubdivision of Blocks 11 and 12
in the Resubdivision of Washington Park Club Addition
to Chicago, a subdivision of the South Half of the
South-East quarter of Section 15, Township 38 North
Range 14, East of the Third Principal Meridian in
Cook County, Illinois. 20-15-409-007

That the deceased died Jan. 10, 1986, 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 \$ 24,500.00 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

this 14 day of Feb, A.D. 19 86
May B. Majors
Notary Public

Lola B Holley
(affiant's signature)

10/17/2011

UNOFFICIAL COPY

Property of Cook County Clerk's Office

10/17/2011



UNOFFICIAL COPY

Jan. 14, 1986.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LAWRENCE 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.

Lawrence C. Edwards
LOCAL REGISTRAR

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

600918

STATE FILE NUMBER
600918

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

1. DECEASED—NAME FIRST MIDDLE LAST JORDON HOLLY		2. SEX MALE		3. DATE OF DEATH MONTH, DAY, YEAR JANUARY 10, 1986	
4. RACE BLACK		5. DATE OF BIRTH (MO., DAY, YEAR) 7 1912		6. COUNTY OF DEATH Cook	
7. CITY, TOWNSHIP, COUNTY, STATE OF BIRTH (MO., DAY, YEAR) Chicago		8. CITY, TOWNSHIP, COUNTY, STATE OF DEATH (MO., DAY, YEAR) Chicago		9. MARITAL STATUS INPATIENT	
10. HUSBAND'S NAME (LAST, FIRST, MIDDLE) ROBERT HOLLY		11. NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE) LOLA BOLDEN		12. DEATH STATUS NO	
13. USUAL OCCUPATION DOLLY OPERATOR		14. KIND OF BUSINESS OR INDUSTRY FACTORY		15. NAME OF DECEASED (LAST, FIRST, MIDDLE) COOK ROSA	
16. RESIDENCE STREET AND NUMBER 6121 S VERNON		17. CITY, TOWNSHIP, COUNTY, STATE CHICAGO		18. STATE ILLINOIS	
19. FATHER'S NAME (LAST, FIRST, MIDDLE) ROBERT HOLLY		20. MOTHER'S NAME (LAST, FIRST, MIDDLE) ROSA JACKSON		21. CITY OR TOWNSHIP CHICAGO	
22. MARRIAGE LICENSE NO. 176RECORDS		23. MAILING ADDRESS (STREET AND NO., CITY OR TOWNSHIP, STATE, ZIP) 2701 W 68TH ST CHGO IL 60629		24. CITY OR TOWNSHIP CHICAGO	
25. DEATH WAS CAUSED BY: SPECIFY CAUSE (a) CARDIO PULMONARY ARREST (b) MYOCARDIAL INFARCTION (c) ARTERIOSCLEROTIC HEART DISEASE		26. ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
28. MAJOR FINDINGS OF OPERATION DATE OF OPERATION, IF ANY 01-09-86		29. AUTOPSY (YES OR NO) NO		30. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
31. HOUR OF DEATH 4:42 A. M.		32. DATE STERED (MO., DAY, YEAR) 01-10-86		33. ILLINOIS LICENSE NUMBER 36 060772	
34. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIED (TYPE OR PRINT) B. SLUSINSKI, M.D. 6508 W. ALCHEM CHICAGO, IL. 60638		35. SIGNATURE AND ADDRESS OF PHYSICIAN		36. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIED (TYPE OR PRINT)	
37. BIRTH (MONTH, DAY, YEAR) 01-09-86		38. HOUR OF DEATH 4:42 A. M.		39. DATE STERED (MO., DAY, YEAR) 01-10-86	
40. NAME OF CEMETERY—NAME OAK WOODS		41. CITY OR TOWNSHIP CHICAGO, IL.		42. DATE (MONTH, DAY, YEAR) 1-15-86	
43. FUNERAL HOME SIMS-WELCH MEMORIAL CHAPEL 4524 COTTAGE GROVE CHG 60653		44. CITY OR TOWNSHIP CHICAGO, IL.		45. DATE (MONTH, DAY, YEAR) 1-15-86	
46. FUNERAL DIRECTOR'S SIGNATURE <i>Edward J. M.P.A.</i>		47. NAME OF FUNERAL HOME SIMS-WELCH MEMORIAL CHAPEL 4524 COTTAGE GROVE CHG 60653		48. CITY OR TOWNSHIP CHICAGO, IL.	
49. LOCAL HEALTH OFFICER'S SIGNATURE <i>Lawrence C. Edwards</i>		50. NAME OF LOCAL HEALTH OFFICER LAWRENCE C. EDWARDS M.P.A.		51. CITY OR TOWNSHIP CHICAGO, IL.	

DATE REC'D BY LOCAL REGISTRAR: JAN 14 1986

UNOFFICIAL COPY



Lola Holley
6121 So. Vernon
Chicago Ill. 60637

86064927

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$12.25
T#1111 TRAN 0161 02/14/86 11:15:00
#5612 # A * 86-064927