

# UNOFFICIAL COPY

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86153869



## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF \_\_\_\_\_

} ss.

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

Louise Pearson being duly sworn  
states that she resides at 7751 S Oglesby in the City of  
Chicago

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

Lot 16 in B.F. GEORGES SUBDIVISION OF THE SOUTH  
HALF OF LOT IN CIRCUIT COURT PARTITION OF THE  
EAST HALF OF THE EAST HALF OF THE SOUTHEAST 1/4  
OF SECTION 25, TOWNSHIP 38 NORTH, RANGE 14, EAST  
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,  
ILLINOIS. 20-25-423-016-0000

That the deceased died July 30, 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 \$34,500.00 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

Louise Pearson

this 10<sup>th</sup> day of April, A.D. 19 86

George Williams  
Notary Public

Louise Pearson  
(affiant's signature)

NOTARY PUBLIC, STATE OF ILLINOIS  
No. \_\_\_\_\_ Exp. \_\_\_\_\_

86153869

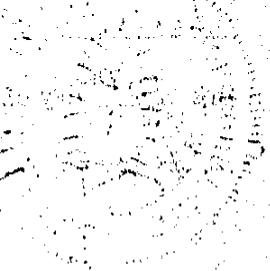
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02/05/2018



Property of Cook County Clerk's Office

02/05/2018



REGISTRATION NO. **16.10** STATE OF ILLINOIS  
 DISTRICT NO. REGISTERED NUMBER  
**615188**  
 MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME: **DAVID** FIRST MIDDLE LAST SEX: **Male** DATE OF DEATH: **July 30, 1985** (MONTH, DAY, YEAR)

RESIDENT: **Black** CITIZENSHIP: **American** HOSPITAL OR OTHER INSTITUTION: **Michael Reese Hospital** COUNTY OF DEATH: **COOK**

RESIDENCE: **Chicago** ADDRESS: **318-32-9070** CITY, TOWN, OR R.O.D.: **Chicago** STATE: **Illinois**

1. **David** Pearson **2** Male **3** July 30, 1985

2. **Black** **47** **4** **5** **6** **7** **8** **9** **10** **11** **12** **13** **14** **15** **16** **17** **18** **19** **20** **21** **22** **23** **24** **25** **26** **27** **28** **29** **30** **31** **32** **33** **34** **35** **36** **37** **38** **39** **40** **41** **42** **43** **44** **45** **46** **47** **48** **49** **50** **51** **52** **53** **54** **55** **56** **57** **58** **59** **60** **61** **62** **63** **64** **65** **66** **67** **68** **69** **70** **71** **72** **73** **74** **75** **76** **77** **78** **79** **80** **81** **82** **83** **84** **85** **86** **87** **88** **89** **90** **91** **92** **93** **94** **95** **96** **97** **98** **99** **00**

3. **Obstructive Bronchopneumonia** **1a** **1b** **1c** **1d** **1e** **1f** **1g** **1h** **1i** **1j** **1k** **1l** **1m** **1n** **1o** **1p** **1q** **1r** **1s** **1t** **1u** **1v** **1w** **1x** **1y** **1z**

4. **Obstructive Bronchopneumonia** **2a** **2b** **2c** **2d** **2e** **2f** **2g** **2h** **2i** **2j** **2k** **2l** **2m** **2n** **2o** **2p** **2q** **2r** **2s** **2t** **2u** **2v** **2w** **2x** **2y** **2z**

5. **Obstructive Bronchopneumonia** **3a** **3b** **3c** **3d** **3e** **3f** **3g** **3h** **3i** **3j** **3k** **3l** **3m** **3n** **3o** **3p** **3q** **3r** **3s** **3t** **3u** **3v** **3w** **3x** **3y** **3z**

6. **Obstructive Bronchopneumonia** **4a** **4b** **4c** **4d** **4e** **4f** **4g** **4h** **4i** **4j** **4k** **4l** **4m** **4n** **4o** **4p** **4q** **4r** **4s** **4t** **4u** **4v** **4w** **4x** **4y** **4z**

7. **Obstructive Bronchopneumonia** **5a** **5b** **5c** **5d** **5e** **5f** **5g** **5h** **5i** **5j** **5k** **5l** **5m** **5n** **5o** **5p** **5q** **5r** **5s** **5t** **5u** **5v** **5w** **5x** **5y** **5z**

8. **Obstructive Bronchopneumonia** **6a** **6b** **6c** **6d** **6e** **6f** **6g** **6h** **6i** **6j** **6k** **6l** **6m** **6n** **6o** **6p** **6q** **6r** **6s** **6t** **6u** **6v** **6w** **6x** **6y** **6z**

9. **Obstructive Bronchopneumonia** **7a** **7b** **7c** **7d** **7e** **7f** **7g** **7h** **7i** **7j** **7k** **7l** **7m** **7n** **7o** **7p** **7q** **7r** **7s** **7t** **7u** **7v** **7w** **7x** **7y** **7z**

10. **Obstructive Bronchopneumonia** **8a** **8b** **8c** **8d** **8e** **8f** **8g** **8h** **8i** **8j** **8k** **8l** **8m** **8n** **8o** **8p** **8q** **8r** **8s** **8t** **8u** **8v** **8w** **8x** **8y** **8z**

11. **Obstructive Bronchopneumonia** **9a** **9b** **9c** **9d** **9e** **9f** **9g** **9h** **9i** **9j** **9k** **9l** **9m** **9n** **9o** **9p** **9q** **9r** **9s** **9t** **9u** **9v** **9w** **9x** **9y** **9z**

12. **Obstructive Bronchopneumonia** **10a** **10b** **10c** **10d** **10e** **10f** **10g** **10h** **10i** **10j** **10k** **10l** **10m** **10n** **10o** **10p** **10q** **10r** **10s** **10t** **10u** **10v** **10w** **10x** **10y** **10z**

13. **Obstructive Bronchopneumonia** **11a** **11b** **11c** **11d** **11e** **11f** **11g** **11h** **11i** **11j** **11k** **11l** **11m** **11n** **11o** **11p** **11q** **11r** **11s** **11t** **11u** **11v** **11w** **11x** **11y** **11z**

14. **Obstructive Bronchopneumonia** **12a** **12b** **12c** **12d** **12e** **12f** **12g** **12h** **12i** **12j** **12k** **12l** **12m** **12n** **12o** **12p** **12q** **12r** **12s** **12t** **12u** **12v** **12w** **12x** **12y** **12z**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

1. 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.

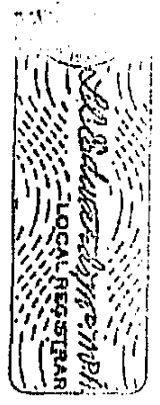
August 2, 1985

86153869

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

LOCAL REGISTRAR

DEPARTMENT OF HEALTH CITY OF CHICAGO



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