



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

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

Mrs. M. Johnson being duly sworn  
states that I resides at 3227. Swan St. in the City of  
Chicago, Ill.

That she was acquainted with Edward H. Johnson  
deceased who, at the time of his death, was one of the owners of the land in Chgo, Ill.  
County, Illinois, described as:

Lot 60 and East 2 feet of Lot 61 in Block 2 in several  
subdivision of 25 acres of the East quarter  
of section 4, Township 38 North, Range 14 East  
of the Third Principal Meridian in Cook  
Illinois  
Permanent Survey Number 20-24-441-001

That the deceased died Sept 10 - 1953, 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 unproved will should be filed with the Clerk of the Probate Division of the Circuit Court \_\_\_\_\_ 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 \_\_\_\_\_ 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 16 day of April, A.D. 19 86  
Mary A. Spangola  
Notary Public

Edward H. Johnson  
(affiant's signature)

86159940  
Clerk's Office

UNOFFICIAL COPY

11/15/2011

Property of Cook County Clerk's Office

11/15/2011

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER  
 RECEIVED-NAME

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**618947**

1. **AGE** (MONTHS, YEARS, MONTHS, DAYS) **11** **SEX** **Male** **DATE OF DEATH** (MONTH, DAY, YEAR) **September 15, 1983**  
 2. **DECEASED** (NAME, FIRST, MIDDLE, LAST) **Lloyd H. Johnson** **DATE OF BIRTH** (MONTH, DAY, YEAR) **6. SEPT. 10 1916** **COUNTY OF DEATH** **COOK**  
 3. **RESIDENCE** (CITY, TOWN, VILLAGE, OR ROAD OR HIGHWAY) **Chicago** **HOSPITAL OR OTHER INSTITUTION** (NAME, ADDRESS, CITY, STATE) **Michael Reese Hospital**

4. **RACE** **Black** **ETHNIC ORIGIN OR DESCENT** (NAME, ADDRESS, CITY, STATE) **American** **DATE OF DEATH** (MONTH, DAY, YEAR) **6. SEPT. 10 1916** **COUNTY OF DEATH** **COOK**  
 5. **STATE OF BIRTH** (NAME, ADDRESS, CITY, STATE) **Illinois** **CITIZEN OF WHAT COUNTRY** **U.S.A.** **MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (SPECIFY YEAR) **NEVER MARRIED**  
 6. **SOCIAL SECURITY NUMBER** **12-755-05-5963** **USUAL OCCUPATION** **MILLWRIGHT** **KIND OF BUSINESS OR INDUSTRY** **CHEMICAL COMPANY** **WAS DECEASED EVER IN U.S. MARON DATE OF SERVICE** (SPECIFY YES OR NO) **NO**

7. **RESIDENCE** (STREET AND NUMBER, CITY, TOWN, VILLAGE, OR ROAD OR HIGHWAY) **6922 West Swann Chicago** **PREVIOUS CITY** **Chicago** **COUNTY** **Illinois**  
 8. **FATHER - NAME** (FIRST, MIDDLE, LAST) **GEORGE JOHNSON** **MOTHER - M maiden name** (FIRST, MIDDLE, LAST) **BESSIE COOK**  
 9. **DECEASED'S NAME (TYPE OR PRINT)** **Marsha F. Bradbury** **RELATIONSHIP** **Medical Records** **MAILING ADDRESS** (STREET AND NO. OF A, B, C, OR CITY OR TOWN, STATE, ZIP) **2929 S. Ellis Ave. Chicago, IL. 60616**

10. **DEATH WAS CAUSED BY** (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))  
 (a) **Ruptured Dissecting Aneurysm of Ascending Aorta** **5-Hours**  
 (b) **Massive Internal Hemorrhage** **5-Hours**  
 (c) **Other significant conditions** (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH IN PART 10)  
 11. **DATE OF OPERATION, IF ANY** **20b** **MAJOR FINDINGS OF OPERATION** **20c**

12. **WHO DID NOT ATTEND THE DECEASED TO LAST EXAMINATION** (NAME, ADDRESS, CITY, STATE) **Did** **DATE** (MONTH, DAY, YEAR) **September 14, 1983** **WAS CORDON OR MEDICAL EXAMINER NOTIFIED** (SPECIFY YES OR NO) **NO** **HOUR OF DEATH** **4:05 A.**  
 13. **SIGNATURE** (NAME AND ADDRESS OF CERTIFIER) (TYPE IN PRINT) **Fred Daniels, M.D. 1940 East 87th Street, Chicago, IL. 60617** **DATE SIGNED** (MONTH, DAY, YEAR) **September 15, 1983**  
 14. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE IN PRINT)** **Illinois license number** **36-54086**

15. **BURIAL, CREMATION, REMOVAL, OR OTHER** (NAME, ADDRESS, CITY, STATE) **Lincoln** **LOCATION** (CITY OR TOWN, STATE) **North, Illinois** **DATE** (MONTH, DAY, YEAR) **Sept 19, 1983**  
 16. **FUNERAL HOME** (NAME, ADDRESS, CITY OR TOWN, STATE) **A.A. Rayner & Sons** **318 E 71st St Chicago, IL 60619** **STATE** **Illinois**  
 17. **FUNERAL DIRECTOR'S SIGNATURE** (NAME, ADDRESS, CITY OR TOWN, STATE) **William A. ...** **DATE** (MONTH, DAY, YEAR) **7803**

18. **LOCAL REGISTRAR'S SIGNATURE** (NAME, ADDRESS, CITY OR TOWN, STATE) **ACTING LOCAL REGISTRAR** **DATE** (MONTH, DAY, YEAR) **SEP 19 1983**  
 19. **ILLINOIS (Department of Public Health - Office of Vital Records - (BASED ON 1978 U.S. STANDARD CERTIFICATE))**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

I, HENRY STANTON, ACTING 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 OR THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

*Henry Stanton*  
 LOCAL REGISTRAR

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

04665198

UNOFFICIAL COPY

86159940



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DEPT-01 RECORDING \$12.25  
T#3333 TRAN 4156 04/24/86 07:45:00  
#6560 # A \*-86--159940

*Charles E. Hoffman*  
*509 W. Lawrence St*  
*Chicago 60609 Ill*

