



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

Christine Howard being duly sworn
states that I resides at 1339 N. Wicker Park Ave in the City of
Chicago IL 60622

That I was acquainted with Sam Howard
deceased who, at the time of his death, was one of the owners of the land in Lot 6 in Block 2 in
County, Illinois, described as:
Picketts Addition to Chicago, 9 Subdivision in the
Northeast 1/4 Section 6, Township 39 N, Range 14 East of the Third
Principal Meridian (except the northeasterly 40 feet of said lot) in Cook
County, Illinois.
1339 N. Wicker Park Ave., Chicago, Ill. 60622
ID# 17-06-218-029
AJO TP

That the deceased died April 25, 1987, 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 _____ 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.

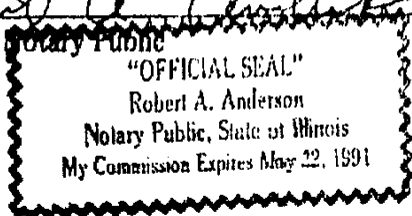
Subscribed and sworn to before me by the said

Christine Howard

this 3 day of August, A.D. 19 87

Robert A. Anderson

Christine Howard
(affiant's signature)



87425802

UNOFFICIAL COPY

Christene Howard

1339N Wickes Pkave

Chgo, Ill. 60622

Property of Cook County Clerk's Office



UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS 608248

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

April 29, 1987.

1. DECEASED NAME: Rev. SAM HOWARD, JR. SEX: Male DATE OF DEATH: April 25, 1987. 2. RACE: Black. 3. BIRTH: Dec. 7, 1925. 4. US CITIZENSHIP: U.S.A. 5. OCCUPATION: Minister. 6. RESIDENCE: 1339 N. Wicker Pkwy, Chicago. 7. MOTHER: ANNIE GIBSON. 8. DEATH CAUSED BY: Metastatic Prostate Adenocarcinoma.

19. IMMEDIATE CAUSE: (a) Cardio-pulmonary Arrest (b) Metastatic Prostate Adenocarcinoma. 20. OTHER SIGNIFICANT CONDITIONS: NONE.

21. DATE OF OPERATION: NONE. 22. SIGNATURE: Dianne K. Litwin MD. 23. NAME OF ATTENDING PHYSICIAN: Dianne K. Litwin MD.

24. BURIAL: Hillside. 25. FUNERAL HOME: A.R. LEAK FUNERAL HOME. 26. LOCAL REGISTRAR'S SIGNATURE: Dianne K. Litwin MD.

27. LOCAL REGISTRAR'S SIGNATURE: Dianne K. Litwin MD. 28. DATE REC'D. BY LOCAL REGISTRAR: APR 29 1987. 29. ILLINOIS LICENSE NUMBER: 4390. 30. DATE SIGNED: 4/28/87. 31. HOUR OF DEATH: 8:05 P.M.

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, STRLBIRTHS 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.

Signature of Lonnie C. Edwards, M.D., Local Registrar.

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

20852528

UNOFFICIAL COPY

87425802

Property of Cook County Clerk's Office

13.25
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MAIN

DEPT-01 RECORDING \$13.25
#1111-TRAN-2526 08/02/87 11:40:00
#2526 #A * 87-425802
COOK COUNTY RECORDER