

UNOFFICIAL COPY

8 7 6 4 5 0 87645069



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

KENNETH JOHNSON being duly sworn
states that he resides at 449 West 81st Street in the City of
Chicago, Illinois 60620.

That he was acquainted with BETTY L. JOHNSON
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died on July 2, 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 FIVE THOUSAND AND NO/100 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

KENNETH JOHNSON

this 1st day of October, A.D. 19 87

[Signature]
Notary Public

NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. NOV. 17, 1987
ISSUED THRU ILL. NOTARY ASSOC.

X *[Signature]*
(affiant's signature)

BOX 359

87645069

601-2380-110

BOX 359

87645069



Unit 103 in 663 West Grace Street Condominium, as delineated on the plat of survey of the following described real estate (taken as a tract):
 Lots 1, 2, and 3 in P. N. Kohlsatt's addition to Chicago, being a subdivision of lots 1, 2, 3, 12, 13, and 14 in block 6 of Hundley's subdivision of lots 3 to 21 and also lots 33 to 37 in Pine Grove in fractional section 21, township 40 north, range 14, east of the third principal meridian, in Cook County, Illinois according to the declaration of condominium ownership and plat of survey attached thereto as exhibit "A", recorded in the office of the recorder of deeds, Cook County, Illinois, as document 26104048 together with its undivided percent of interest in the common elements.

Permanent Tax Number: 14-21-106-034-1003

Property Address: 663 West Grace Street, Unit 103, Chicago, Illinois 60613

Property of Cook County, Illinois Office

BOX 359

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
County Clerk

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

STATE FILE NUMBER **613740**

1. DECEASED - NAME: **PETTY L. JOHNSON** SEX: **Female** DATE OF DEATH: **July 2, 1985**

2. RACE: **Black** AGE: **56** DATE OF BIRTH: **DEC. 24, 1928** COUNTY OF BIRTH: **Cook**

3. CITY, TOWN, VILLAGE OR BUREAU DISTRICT: **Chicago** HOSPITAL OR OTHER INSTITUTION: **St. Joseph Hospital**

4. MARITAL STATUS: **WIDOWED** NAME OF SURVIVING SPOUSE: **None**

5. SOCIAL SECURITY NUMBER: **430-38-9117** USUAL OCCUPATION: **NURSE** KIND OF BUSINESS OR INDUSTRY: **ST. JOSEPH HOSP**

6. RESIDENCE: **663 West Grace St. CHICAGO ILLINOIS**

7. FATHER - NAME: **HARRY S. WATSON** MOTHER - MAIDEN NAME: **ELIA H. WILLIAMS**

8. GUARDIAN NAME: **GORDON JOHNSON** RELATIONSHIP: **SON** MARITAL ADDRESS: **55 Oakview Road Matteson, Illinois**

9. DEATH WAS CAUSED BY: **LUNG CARCINOMA** (3 months)
NETASTASIS to MEDIASTINUM (3 months)
PNEUMONIA, streptococcal (2 months)

10. OTHER SIGNIFICANT CONDITIONS: **MALNUTRITION / TRACHEO ESOPHAGEAL FISTULA**

11. DATE OF OPERATION: **7/01/85** MAJOR FINDINGS OF OPERATION: **None**

12. SIGNATURE OF PHYSICIAN: **K. C. Shim, M.D.** ADDRESS: **2800 N. Sheridan Chicago, Illinois 60657** ILLINOIS LICENSE NUMBER: **036-05975X**

13. MANNER OF DEATH: **BURIAL** LOCATION: **NORTH TWP., ILLINOIS** DATE: **JULY 10, 1985**

14. FUNERAL HOME: **JACKSON FUNERAL HOME** ADDRESS: **7350 S. COTTAGE GROVE AVE. CHICAGO, ILLINOIS 60619**

15. LOCAL HEALTH OFFICER: **James Williamson** ADDRESS: **5368**

254
609
86
229
P2 C

63
30

690670

UNOFFICIAL COPY

87645069

Property of Cook County Clerk's Office

DEPT-01 RECORDING \$19.00
TRAIL FROM 7812 12/04/87 15.13.00
#7595 #19 #-87-245069

BOX 359