



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

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

Rosetta E. Scruggs being duly sworn  
states that I resides at 520 N. Laverne Ave. in the City of  
Chicago

That I was acquainted with John L. Scruggs  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:

Lot 18 in Block 1 in L.B. Simm's Subdivision  
of the South half of the East half of the  
West half of the North East quarter of Section  
9 Township 39 North Range 13 East of the  
Third Principal meridian, (except Railroad) AJP  
in Cook County, Illinois. 16-09-219-037

That the deceased died March 29, 1979 A.J.O., 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

this 2nd day of Sept, A.D. 1987  
Patricia Calder  
Notary Public

Rosetta Scruggs  
(affiant's signature)

87063664

# UNOFFICIAL COPY

PROPERTY

PROPERTY OF THE STATE OF ILLINOIS



PROPERTY OF THE STATE OF ILLINOIS

STATE OF ILLINOIS  
COUNTY OF COOK

Order No. \_\_\_\_\_  
Case No. \_\_\_\_\_  
The undersigned, \_\_\_\_\_, Clerk of the County of Cook, Illinois, do hereby certify that the within and foregoing is a true and correct copy of the original of the within and foregoing as the same appears from the records of the County of Cook, Illinois.

Witness my hand and the seal of said County at Chicago, Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Clerk of Cook County, Illinois

Notary Public for Cook County, Illinois

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public for Cook County, Illinois

Witness my hand and the seal of said County at Chicago, Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Clerk of Cook County, Illinois

Notary Public for Cook County, Illinois

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public for Cook County, Illinois

87063664

PROPERTY

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

REGISTRATION NUMBER 6072721 87063664

APRIL 7, 1979

REGISTRATION NUMBER 16.10

DATE OF DEATH: March 29, 1979

DEATH PLACE: Scruggs, Male

DATE OF BIRTH: September 28, 1931

CITY OF BIRTH: Cook

DEATH PLACE: Chicago

ST. ALPHE

RESIDENT: Chicago

CRISIS OF GREAT COUNT: U.S.A.

MARRIED: Married

NAME OF SURVIVING SPOUSE: Roseetta Fuent

RELATIONSHIP: Inspector

INDUSTRY OR BUSINESS: Transportation

US ARMY OR NAVY: Yes

DATE OF ENTRY: 1/50/1954

CITY: Chicago

COUNTY: Cook

STATE: Illinois

NAME: Lockett Scruggs

RELATIONSHIP: Mother - maiden name: Martha C. Wilson

DATE OF BIRTH: 1/15/1911

DATE OF DEATH: 3/29/79

PLACE OF BIRTH: 550 N. Dearborn Chicago Ill.

CAUSE OF DEATH: Cardiac arrhythmia

IMMEDIATE CAUSE: Atherosclerotic Cardio Vascular Disease

PERIOD OF ILLNESS: 3-5 months

PERIOD OF AGONY: 4 days

PERIOD OF SUFFERING: 20

PERIOD OF PAIN: 20

PERIOD OF CONSCIOUSNESS: 20

PERIOD OF REFLEXES: 20

PERIOD OF BREATHING: 20

PERIOD OF HEART BEATING: 20

PERIOD OF BLOOD CIRCULATION: 20

PERIOD OF BODY TEMPERATURE: 20

PERIOD OF BODY MOVEMENT: 20

PERIOD OF BODY RESPONSE: 20

PERIOD OF BODY REACTION: 20

PERIOD OF BODY SENSATION: 20

PERIOD OF BODY FEELING: 20

PERIOD OF BODY TOUCH: 20

PERIOD OF BODY PAIN: 20

PERIOD OF BODY PLEASURE: 20

PERIOD OF BODY SUFFERING: 20

PERIOD OF BODY AGONY: 20

PERIOD OF BODY DEATH: 20

CHRONIC DISEASES: Chronic renal failure 2° nephrosclerotic hypertension

OPERATION: 3/15/79

DATE OF OPERATION: 3/15/79

OPERATOR: 212 A:45 A.M.

NAME: Dr. Brown

ADDRESS: 233 S. Allen St Chicago IL 60611

PHONE: 312-472883

DATE SIGNED: 3/30/79

NAME: KIRKAL

ADDRESS: Oakridge H. Illinois

DATE SIGNED: 4/19/79

NAME: RAYNER

ADDRESS: 9411 West Madison Chicago Illinois 60644

DATE SIGNED: 8/1/73

NAME: Brown

ADDRESS: 1300 S. Dearborn Chicago Illinois 60611

DATE SIGNED: MAR 31 1979

STATE OF ILLINOIS }  
COUNTY OF COOK }  
CITY OF CHICAGO } SS

I, Murray C. Brown, M.D. 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.

*Murray C. Brown*

This Certified Copy VALID  
When MULTICOLOR SEAL And  
BLUE SIGNATURE Are Affixed.

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\$12.25

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\$12.25

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COOK COUNTY RECORDER



*Rosetta Scruggs*  
*520 N. Laverne*  
*Chicago, Ill. 60644*

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