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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Cook
Lee R. Sims

ss.

Order No. _____

_____ being duly sworn

states that he resides at 339 W. 124th St. in the City of Chicago

That he was acquainted with Lucy G. Sims

deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 9 in the Van Etten's West Pullman Park Subdivision being a Resubdivision of Lot 7 of Andrew's Subdivision of the East 1/2 of the Southwest 1/4 and the Southeast fractional 1/4 of Section 28, Township 27 North, Range 14 East of the Third Principal Meridian North of the Indian Boundary Line according to the plat thereof recorded July 9, 1925 as document Number 8969314.

That the deceased died May 1, 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 Fifty Thousand 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

Lee R. Sims

this 4th day of February, A.D. 19 87

Patricia A. Raphael
Notary Public

Lee R. Sims
(affiant's signature)

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Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

608858

May 2, 1985.

STATE OF ILLINOIS COUNTY OF COOK SS CITY OF CHICAGO

1. DECEASED - NAME: Lucy
 2. SEX: F
 3. DATE OF BIRTH: May 1, 1985
 4. COUNTY OF BIRTH: Cook
 5. DATE OF DEATH: May 2, 1985
 6. CITY OF DEATH: Chicago
 7. REGISTERED NUMBER: 16.10
 8. DECEASED - NAME: Shirley Jones
 9. DECEASED - NAME: John
 10. DECEASED - NAME: Britt
 11. DECEASED - NAME: Julia
 12. DECEASED - NAME: Robinson

13. RACE: Black
 14. ETHNIC ORIGIN: American
 15. CITIZENSHIP: U.S.A.
 16. USUAL OCCUPATION: Interviewer
 17. RESIDENCE: 339 W. 124th Street, Chicago
 18. CITY, TOWN, OR VILLAGE: Chicago
 19. COUNTY: Cook
 20. STATE: Illinois
 21. MARITAL STATUS: Married
 22. NAME OF SURVIVING SPOUSE: Lee Roy Sims
 23. NAME OF SURVIVING SPOUSE (MAIDEN NAME): Inpatient
 24. NAME OF SURVIVING SPOUSE (MARRIAGE NAME): Inpatient

25. DEATH WAS CAUSED BY: Septic Shock
 26. IMMEDIATE CAUSE: Liver Failure
 27. CAUSE OF DEATH: Non-A Non-B Hepatitis
 28. DEATH WAS CAUSED BY: Septic Shock
 29. IMMEDIATE CAUSE: Liver Failure
 30. CAUSE OF DEATH: Non-A Non-B Hepatitis

31. DATE OF OPERATION: April 30, 1985
 32. MAJOR FINDINGS OF OPERATION: Liver Failure
 33. DATE OF OPERATION: April 30, 1985
 34. MAJOR FINDINGS OF OPERATION: Liver Failure
 35. DATE OF OPERATION: April 30, 1985
 36. MAJOR FINDINGS OF OPERATION: Liver Failure

37. SIGNATURE: [Signature]
 38. NAME AND ADDRESS OF CERTIFIER: Morris Papernik M.D., 1725 W. Harrison Chicago, Illinois 60612
 39. NAME OF ATTENDING PHYSICIAN: Morris Papernik M.D., 1725 W. Harrison Chicago, Illinois 60612

40. FUNERAL HOME: [Name]
 41. CITY AND STATE: Chicago, Illinois
 42. FUNERAL HOME: [Name]
 43. CITY AND STATE: Chicago, Illinois

44. LOCAL REGISTRAR: [Name]
 45. DATE FILED: May 2, 1985
 46. LOCAL REGISTRAR: [Name]
 47. DATE FILED: May 2, 1985

48. LOCAL REGISTRAR: [Name]
 49. DATE FILED: May 2, 1985
 50. LOCAL REGISTRAR: [Name]
 51. DATE FILED: May 2, 1985

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

LOCAL REGISTRAR: [Signature]

DEPARTMENT OF HEALTH CITY OF CHICAGO

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