



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

MAPRON DANIEL being duly sworn

states that I reside at _____ in the City of

WATER VALLEY MISS. 38965

That I was acquainted with Hessie Daniel

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

Lot Twenty four (24) in Block Seven (7) in Van H
higg

subdivision of 20 acres south of an adjoining the north
60 acres of the south east quarters ESE 1/4 of Section four (4)
township (38) north, Range fourteen (14) east of the third
principal meridian in Cook County, Illinois
Commonly known 445 South Princeton Avenue Chicago Ill

- That the deceased died FEB 1, 1984 2:52 PM, 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 _____

FC-04-416-009 TP
G C O

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.

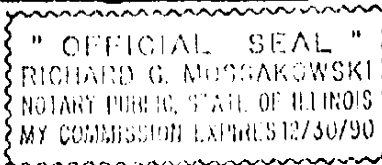
Subscribed and sworn to before me by the said

this 27th day of June, A.D. 1984
Richard G. Mossakowski

Notary Public

Mapron Daniel

(affiant's signature)



UNOFFICIAL COPY

4451 So Princeton
Chgo Ill 60609

Property of Cook County Clerk's Office

UNOFFICIAL COPY

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

CERTIFICATE OF DEATH

STATE FILE NUMBER 123

REGISTRAR'S NUMBER

STATE OF MISSISSIPPI

1 DECEASED-NAME First Middle Last Hessie Daniel 2 SEX male 3 DATE OF DEATH (Month, Day, Year) January 18, 1984

4 RACE (Specify White, Black, American Indian, etc.) Black 5 AGE AT LAST BIRTHDAY 67 Years 6 DATE OF BIRTH (Month, Day, Year) July 14, 1916 76 COUNTY OF DEATH Yalobusha

76 CITY OR TOWN OF DEATH Water Valley 76 HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number, or other location) Yalobusha Co. General Hospital 81Y 76 INPT. OUTPT., EMER. RM., OR OOA Inpt.

8 STATE OF BIRTH Mississippi 9 CITIZEN OF WHAT COUNTRY U.S.A. 10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 11 SURVIVING SPOUSE (If wife, give maiden name) Nafron Covington 12 WAS INCREASED IN U.S. ARMED FORCES? (Yes or No) no

13 ORIGIN OR DESCENT (Specify German, Irish, etc.) American 14 SOCIAL SECURITY NUMBER 425-10-3202 15 LEGAL OCCUPATION (Kind of work done, treat of working title) Factory Worker 160 KIND OF BUSINESS OR INDUSTRY Auto Mfg.

16a RESIDENCE-STATE Mississippi 16b COUNTY Yalobusha 16c CITY OR TOWN Water Valley 16d INSIDE CITY LIMITS (Specify Yes or No) yes 16e STREET AND NUMBER OR RURAL LOCATION 107 McFarland

17 FATHER-NAME First Middle Last Hezekiah Daniel 18 MOTHER-NAME First Middle Maiden Irene Williams

18a INFORMANT-NAME (Type or print) Nafron Covington Daniels 191 MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 107 McFarland St. Water Valley, MS 38965

20a BURIAL, CREMATION, REMOVAL (Specify) Burial 20b CEMETERY, CREMATORY-NAME Oak Ridge Cemetery 20c LOCATION (City and State) Water Valley, MS 20d FUNERAL HOME-SIGNATURE AND NUMBER Row Browning #1115

21a FUNERAL HOME-NAME AND MISSISSIPPI FILE NUMBER 21b MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 21c TELEPHONE NUMBER (Area and local numbers) 21d CITY OR TOWN, STATE, ZIP CODE

22a NAME OF PHYSICIAN (Type or print) J.W. WALKER, M.D. 22b ADDRESS (Street and number or route and box number, City or town, State, ZIP code) MEDICAL ARTS BLD., WATER VALLEY, MS 38965

23a To the best of my knowledge, death occurred at the time, date, and place and due to the cause stated SIGNATURE [Signature] 23b DATE SIGNED (Month, Day, Year) FEBRUARY 1, 1984 23c HOUR OF DEATH 2:33p

24a On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place and due to the causes stated SIGNATURE [Signature] 24b DATE SIGNED (Month, Day, Year) 24c HOUR OF DEATH

23d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 24d HOUR OF DEATH (Hour) ON AT

25 PART I: IMMEDIATE CAUSE (Enter one cause only) 25a IMMEDIATE CAUSE (Enter one cause only) 25b DUE TO OR AS A CONSEQUENCE OF (Enter one cause only) 25c DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)

25d IMMEDIATE CAUSE (Enter one cause only) 25e DUE TO OR AS A CONSEQUENCE OF (Enter one cause only) 25f DUE TO OR AS A CONSEQUENCE OF (Enter one cause only)

26 PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death that are related to cause given in PART I 27 ALCOHOL (Yes or No) NO 28 WAS EXAMINED BY MEDICAL EXAMINER OR CORONER? (Yes or No)

29 INVESTIGATION ON UNDETERMINED (Specify) 29a DATE OF INVESTIGATION (Month, Day, Year) 29b INVESTIGATOR'S NAME (Last, First, Middle) 29c ADDRESS (Street and number or route and box number, City or town, State, ZIP code)

29d FACTORY AT WORK (Yes or No) 29e PLACE OF DEATH (Specify Home, Farm, Street, Factory, Office building, etc.) 29f LOCATION (Street or route number, City or town, State)

30 REGISTRAR SIGNATURE [Signature] 31 DATE CERTIFICATE RECEIVED (Month, Day, Year) FEB 20 1984

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.



Alton B. Cobb, M.D.

ALTON B. COBB, M.D. STATE HEALTH OFFICER

FEB 20 1984

David Edminger

DAVID EDMINGER STATE REGISTRAR

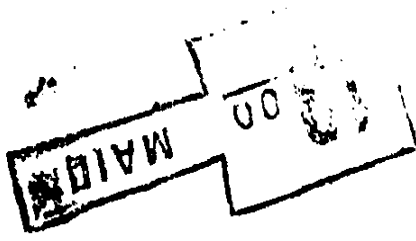


WARNING: It is illegal to alter or counterfeit this copy.

82351063

UNOFFICIAL COPY

57371063



Property of Cook County Clerk's Office

DEPT-01 RECORDING \$13.25
T#1111 TRAN 5798 06/26/07 11:06:00
#6102 # 4 * 07-251063
COOK COUNTY RECORDER