



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

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

Harold H. Craft being duly sworn  
states that He resides at 22428 Clyde Ave. in the City of  
SAUN VILLAGE ILL 60411

That I was acquainted with NORMA JEAN CRAFT  
deceased who, at the time of HER death, was one of the owners of the land in COOK  
County, Illinois, described as:

LOT-539 IN INDIAN HILL SUBDIVISION UNIT NO 3 BEING  
SUBDIVISION IN PART OF SECTION 36, TOWNSHIP 35 NORTH,  
RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN.  
ACCORDING TO PLAT THEREOF RECORDED FEBRUARY 27, 1959 AS  
DOCUMENT 17467223, IN COOK COUNTY, ILLINOIS  
TAX ID, #32-36-107-022-0000, Vol. 021

That the deceased died 4-19-1985, 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 \_\_\_\_\_

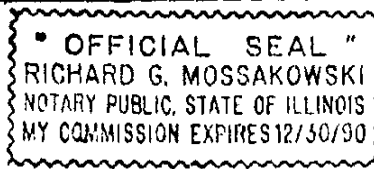
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

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 16<sup>th</sup> day of Sept A.D. 1988  
Richard G. Mossakowski  
Notary Public

Harold H. Craft  
(affiant's signature)

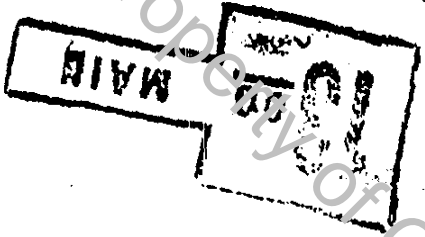


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Harold Craft  
22428 Clydes Ave  
SARASOTA FL  
11/09



Property of Cook County Clerk's Office

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DEPT-01 RECORDING 11:26:00  
TRAN 8593 09/16/88 11:26:00  
#3413 # B \*-88-424428  
COOK COUNTY RECORDER

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**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH AND ENVIRONMENT  
CORDELL HULL BUILDING  
NASHVILLE, TENNESSEE 37219**

I hereby certify the below to be a true and correct copy of the original document on file in this department. Valid ONLY when embossed seal of the Tennessee Department of Health and Environment and registered signature of the State Registrar are affixed.



*Paula Taylor*  
**Paula Taylor  
State Registrar**

AUG 20, 1987

## CERTIFICATE OF DEATH

85-016911

TENNESSEE DEPARTMENT OF HEALTH AND ENVIRONMENT  
VITAL RECORDS

11/10/87  
21  
75043 - BIRTH NO

DECEASED—NAME <b>Norma Jean Craft</b>				DATE OF DEATH (MONTH, DAY, YEAR) <b>4-19-85</b>	
AGE—LAST BIRTHDAY (YEARS) <b>50</b>	MONTH <b>4</b>	DAY <b>15</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>12-4-1934</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY)) <b>white</b>	SEX <b>Female</b>
COUNTY OF DEATH <b>Scott</b>	CITY, TOWN OR LOCATION <b>Oneida</b>		HOSPITAL OR OTHER INSTITUTION—NAME (SPECIFY YES OR NO) <b>Scott Co Hospital</b>	IF HOSP OR INST. THROUGH, GCA. OF DEATH (See instruction sheet)	
STATE OF BIRTH (IF NOT U.S.A.) <b>Kentucky 18</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>divorced</b>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
SOCIAL SECURITY NUMBER <b>407-42-6211</b>	SERVICE IN ARMED FORCES (SPECIFY WAR OR DATES OF SERVICE) <b>no</b>	USUAL OCCUPATION (GIVE KIND OF WORK, DUTY, OR SERVICE) (OF WORKING LIFE, EVEN IF RETIRED) <b>Retired Nurse 447</b>	KIND OF BUSINESS OR INDUSTRY <b>840</b>		
RESIDENCE—STATE <b>Tennessee</b>	COUNTY <b>Scott</b>	CITY, TOWN, OR LOCATION <b>Oneida</b>	STREET AND NUMBER <b>Box 755</b>	INCORPORATED CITY LIMITS (SPECIFY YES OR NO) <b>146</b>	CENSUS TRACT NO. <b>146</b>
FATHER—NAME <b>Thomas Calhoun</b>	MOTHER—MAIDEN NAME <b>Dora Hutson</b>	INFORMANT—NAME <b>Geneva Summers Robbins, Tennessee</b>			
DATE OF BURIAL, CREMATION, REMOVAL, OR OTHER DISPOSITION <b>Burial</b>	DATE (MONTH, DAY, YEAR) <b>4-21-85</b>	CEMETERY OR CREMATORY—NAME <b>Hazel Walley</b>	LOCATION <b>Oneida, Tennessee</b>	CITY OR TOWN <b>Oneida, Tennessee</b>	
REGISTRAR—NAME <b>Mark C. New</b>	LICENSE NO. <b>3683</b>	EMBALMER (SIGNATURE) <i>Mark C. New</i>	LICENSE NO. <b>3896</b>	DATE SIGNED BY LOCAL REGISTRAR <b>5/30/85</b>	
GENERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		REGISTRAR—SIGNATURE <i>Mark C. New</i>		DATE SIGNED BY STATE REGISTRAR <b>4/26/85</b>	
PHYSICIAN—CERTIFY THAT THE DEATH OCCURRED AT THE PLACE, ON THE DATE, AND DUE TO THE CAUSE(S) STATED			SIGNATURE <i>James E. Kenton, Jr.</i>		
MEDICAL EXAMINER—ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED			SIGNATURE <i>George L. Kline</i>		
CERTIFIER—NAME (TYPE OR PRINT) <b>Dr George Kline</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>246</b>		
PART I. DEATH WAS CAUSED BY:			ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		
IMMEDIATE CAUSE <b>Metastatic Carcinoma of Uterus</b>			INTERVAL BETWEEN ONSET OF DISEASE AND DEATH <b>5 yrs</b>		
CONDITIONS IF ANY, WHICH MAY BE SECONDARY CAUSE(S) OF DEATH OR AS A CONSEQUENCE OF (a)			OTHER CAUSE(S) OF DEATH		
OTHER SIGNIFICANT CONDITIONS (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a))			AUTOPSY (YES OR NO) <b>25</b>		
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	DESCRIBE HOW INJURY OCCURRED		
<b>27a</b>	<b>27b</b>	<b>27c</b>	<b>27d</b>		
INJURY AT WORK (CHECK YES OR NO)	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, B.L.T.O. ETC. (SPECIFY))	LOCATION	CITY OR TOWN, STATE		
<b>27e</b>	<b>27f</b>	<b>27g</b>	<b>27h</b>		

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