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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF } ss. Order No. _____

Willie Brown being duly sworn

states that he resides at 7824 S. Champlain in the City of Chicago

That he was acquainted with Charlene Washington Brown

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

Lot 33 and the East 6 feet of Lot 32 in Block 2 in Calumet and Chicago Canal and Dock Company's Subdivision, known as Burnside, being a Subdivision in the South East 1/4 of the South East 1/4 of Section 3 and part of the South West 1/4 of Section 2, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois, commonly known as 709 E. 93rd St. P.I.N. # 25-03-422-022

That the deceased died May 4, 1987, 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 _____

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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 $100,000 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 12 day of July, A.D. 1988

"OFFICIAL SEAL"
ROBERT CROVE
Notary Public Cook County, Illinois
My Commission Expires Feb. 24, 199_

Robert Crove
Notary Public

Willie Brown
(affiant's signature)

FORM 3703

Sam Lovett
10318 S. W

ERATION CT NO. 16.10

ERED ER

STATE OF ILLINOIS

STATE FILE NUMBER 608799

MEDICAL CERTIFICATE OF DEATH

1. DECEDENT—NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
CHARLENE WASHINGTON	FEMALE	MAY 4, 1987

4. RACE (White, Black, American Indian, etc.) (Specify)	4a. ORIGIN OR DESCENT	5a. AGE—LAST BIRTHDAY (Years)	UNDER 1 YEAR 5b. Months	UNDER 1 DAY 5c. Hours / Min.	6. DATE OF BIRTH (Mo., Day, Year)	7a. COUNTY OF DEATH
Black	American	57			Dec 20, 1929	Cook

7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	7c. HOSPITAL OR OTHER INSTITUTION—NAME (If not in hospital, give street and number)	7d. IF HOSP. OR INST., INDICATE DOA (If Dead on Arrival), OUTPATIENT OR INPATIENT (Specify)
Chicago	UNIVERSITY OF CHICAGO	D.O.A.

8. MARITAL STATUS (If not in U.S.A., Country)	9. CITIZEN OF WHAT COUNTRY	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	11. NAME OF SURVIVING SPOUSE (Maiden name, if wife)
MISS.	U.S.A.	Divorced	

12. SOCIAL SECURITY NUMBER	13a. USUAL OCCUPATION	13b. KIND OF BUSINESS OR INDUSTRY	13c. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Yes or No)	13d. WAR OR DATES OF SERVICE
-56-5501	Key Puncher	Brd. of Trade	N	

14a. RESIDENCE—STREET AND NUMBER	14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.	14c. INSIDE CITY LIMITS? (Yes or No)	14d. COUNTY	14e. STATE
20 S. Lake Shore Dr	Chicago	Yes	Cook	Ill

15. FATHER—NAME (First, Middle, Last)	16. MOTHER—MAIDEN NAME (First, Middle, Last)
NATHANIEL WASHINGTON	EDNA LUSTER

17a. INFORMANT NAME (Type or Print)	17b. RELATIONSHIP	17c. MAILING ADDRESS (Street and No. or R. F. D., City or Town, State, Zip)
LINDA BROWN	DGTR.	5020 So. Lake Shore Dr. Chgo, Il

18. DEATH WAS CAUSED BY:

	(Enter only one cause per line for (a), (b), and (c).)	Approximate interval between onset and death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	18a. CARDIA-RESPIRATORY ARREST	
DUE TO OR AS A CONSEQUENCE OF:	18b. METASTATIC CERVICAL CARCINOMA	10 MONTHS
DUE TO OR AS A CONSEQUENCE OF:	18c.	

PART I. Enter the chain of events, diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT abbreviate. Add additional lines if necessary.

PART II. Other significant conditions contributing to death but not related to cause given in Part I.

19. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in Part I.	19a. AUTOPSY (Yes/No)	19b. If Yes, were findings considered in determining cause of death?
	N	

20a. IF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
		YES NO

21a. DID NOT ATTEND THE DECEASED BUT SAW HIM/HER ALIVE ON (Month, Day, Year)	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (Specify Yes or No)	21c. HOUR OF DEATH
APRIL 25, 1987		8:00 P M.

22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE	22b. DATE SIGNED (Mo., Day, Yr.)
Catherine Harth MD	5/6/87

22c. NAME AND ADDRESS OF CERTIFIER (Type or Print)	22d. ILLINOIS LICENSE NUMBER
CATHERINE HARTH 5841 MARYLAND CHICAGO, ILLINOIS 60637	036-069746

23a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
JACOB ROTMENSCH	

24a. CREMATION, BURIAL (Specify)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION—City or Town	State	24d. DATE (Month, Day, Year)
Burial	Lincoln	Worth	Ill	5-9-87

FUNERAL HOME NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE	ZIP
A.R.LEAK FUNERAL HOME	7838 So. Cottage Gr.	Chgo,	Ill	60619

25a. FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
	4390

26a. REGISTRAR'S SIGNATURE	26b. DATE REC'D. BY LOCAL REGISTRAR (Month, Day, Year)
Lonnie C. Edwards, M.D. M.P.H.	MAY 7 1987

REV. 5/82 — Illinois Department of Public Health - Office of Vital Records — (BASED ON 1978 U.S. STANDARD CERTIFICATE)

August 4, 1988.

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.H., 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.

L.C. Edwards M.D. M.P.H.
—LOCAL REGISTRAR

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

88138258

Sam Lovett
10348 S. Western Ave.
Chicago Il.
60643

DEPT-01 RECORDING $13.25
T#2222 TRAN 9418 09/23/88 12:25:00
#5224 # B *-88-438258
COOK COUNTY RECORDER

15 00 MAIL

88438258