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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

Lillian M. Cummings being duly sworn
states that she resides at 254 west Swann in the City of
Chicago.

That she was acquainted with Leroy R. Cummings

deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:
Lot 3 in Block 3 in #2 Chicago Dwellings Association's Resubdivision in the W. 1/4
of the SE 1/4 of Section 4, Township 38 N., Range 14, East of the Third Principle
Meridian, in Cook County, Illinois, according to the Plat thereof recorded in the
office of the Recorder of Deeds of Cook County, Illinois on December 13, 1955 as
Document #16445691.

P.I.N. 20-04-442-032
More commonly known as: 254 West Swann, Chicago, Illinois 60609

13⁰⁰

That the deceased died 5-2-1973, 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

Lillian M. Cummings

this 18th day of November, A.D. 19 87

[Signature]
Notary Public

[Signature]
(affiant's signature)

"OFFICIAL SEAL"
Douglas L. Schmitt
Notary Public, State of Illinois
My Commission Expires 4-14-1

962-726-F

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COOK COUNTY, ILLINOIS
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REGISTRATION NO. 16.10
DISTRICT NO.
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

612478

85086870
May 4, 1973

DECEASED—NAME: Leroy James Cummings
AGE—LAST BIRTHDAY: 52
SEX: Male
DATE OF BIRTH: 6/4/1921
DATE OF DEATH: May 2 1973
PLACE OF DEATH: Cook

BIRTHPLACE (STATE OR FOREIGN COUNTRY): Chicago
CITIZEN OF WHAT COUNTRY: USA
MARRIED, SEPARATED, DIVORCED, OR ANNULLED: Married
NAME OF SURVIVING SPOUSE (GIVEN NAME AND LAST NAME): DOA Michael Reese

SOCIAL SECURITY NUMBER: Not Available
USUAL OCCUPATION: Clerk
U.S. WAR VETERAN: Yes
WAR OR DATES OF SERVICE: Post Office

RESIDENCE: 111 Cook
CITY, TOWN, VILLAGE, OR ROAD DISTRICT NO. (IF APPLICABLE): Chicago
STREET AND NUMBER: 254 W. 4th St
CITY AND STATE: Chicago, Ill

FATHER—NAME: Clifton Cummings
MOTHER—MADEN NAME: Ruth Taylor

INFORMANT'S SIGNATURE: *Lillian Cummings*
RELATIONSHIP: Wife
MARRIAGE ADDRESS (STREET AND NO., R. F. D., CITY OR TOWN, STATE, ZIP): 254 W. Swan Chicago Ill

DEATH WAS CAUSED BY: CEREBRAL VASCULAR HEMORRHAGE
[EXPLAIN ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)]

PART II. OTHER SIGNIFICANT CONDITIONS, CHRONIC CONDITIONS TO WHICH DEATH WAS RELATED TO (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)
ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE TWENTY

DATE OF OPERATION, IF ANY: MAJOR FINDINGS OF OPERATION

1. ATTENDED THE DECEASED FROM: 3-5-73 TO 5-2-73
HOUR OF DEATH: 4-11-73 2:45:50 A.M.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE AND FROM THE CAUSE(S) STATED.

SIGNATURE: *Henry M. Crystal*
DATE SIGNED: 5-2-73
ILLINOIS LICENSE NUMBER: 20781

MAJING ADDRESS: 1305 Randolph St Chicago Ill 60601

BURIAL CEMETERY OR CREMATION: Burr Oak

FUNERAL HOME: A.R. Leak 7838 S. Cottage Grove Chicago Ill 60619

FUNERAL DIRECTOR'S SIGNATURE: *A.R. Leak*

LOCAL HEALTH OFFICER'S SIGNATURE: *Henry M. Crystal*

CHICAGO BOARD OF HEALTH
Chicago Civic Center, Room 105
Chicago, Illinois 60602-255

DATE RECD. BY LOCAL REGISTER: 5-4-73

BASED ON 1968 U.S. STANDARD CERTIFICATE

STATE FILE NUMBER: 612478

STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

SS

1. 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.

This Certified Copy VALID Only When Original BLUE SEAL AND BLUE SIGNATURE Are Affixed

Henry M. Crystal
LOCAL REGISTRAR

BOARD OF HEALTH - CITY OF CHICAGO

SEAL AND BLUE SIGNATURE

Are Affixed

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111 N. WASHINGTON ST. CHICAGO, ILL. 60602

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