



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

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

WILLIAM PAYNE

being duly sworn

states that he resides at 430 N. Pine in the City of Chicago, Illinois 60644

That he was acquainted with NANCY PAYNE

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

The North 10.0 feet of Lot 2 and the South 30.0 feet of Lot 3 in Block 1 in Merrick's Subdivision of the West half of the Northwest quarter of Section 9, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

16-09-121-022

CADAK 88124921  
UH

That the deceased died June 2, 1979, 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 jointly with the deceased at the time of the death of the deceased, does not exceed the amount of \_\_\_\_\_~~  
~~affiant does not claim for that purpose and that the deceased was not a resident of the State of Illinois at the time of death of the deceased.~~

Subscribed and sworn to before me by the said

William Payne

this 88 day of March A.D. 19 88

Donna  
NOTARY PUBLIC  
STATE OF ILLINOIS  
MY COMMISSION EXPIRES 6/30/90

William H. Payne  
(affiant's signature)

# UNOFFICIAL COPY

RECEIVED

PROPERTY DEPARTMENT OF COOK COUNTY

PROPERTY TAXES

NAME

ADDRESS

CITY

STATE

ZIP

PROPERTY

DESCRIPTION

ASSESSMENT

EXEMPTION

STATUS

REMARKS

DATE

BY

OFFICE

INITIALS

SIGNATURE

TITLE

DATE

BY

OFFICE

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BY

OFFICE

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SIGNATURE

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

80124921

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named herein and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE JUN 5 1979 Oak Park, Illinois. SIGNED *Dis...* OFFICIAL TITLE - LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield, County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
88124921

REGISTRATION DISTRICT NO. 16.24 583		DECEASED - NAME NANCY PAYNE		SEX FEMALE		DATE OF DEATH 3. JUNE 2 1979	
RACE BLACK		BIRTH DATE AUG 1 1929		CITY OF BIRTH CHICAGO		COUNTY OF BIRTH COOK	
CITY, TOWN, VILL. OR ROAD DISTRICT NUMBER OAK PARK		HOSPITAL OR OTHER INSTITUTION WEST SUBURBAN HOSPITAL		NAME OF USE (IVING SPOUSE (MAJOR NAME, IF ANY) WILLIAM D. PAYNE		74. INPATIENT	
STATE OF BIRTH (IF NOT IN U.S.A.) MISSISSIPPI		CITIZENSHIP U.S.A.		MARRIED (IF NOT MARRIED, DIVORCED, SEPARATED) MARRIED		U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD, RESERVE (GIVE BRANCH AND NUMBER) NO	
SOCIAL SECURITY NUMBER 495-32-2798		USUAL OCCUPATION HOUSE WIFE		KIND OF BUSINESS OR INDUSTRY OWN HOME		WAR OR DATES OF SERVICE NONE	
RESIDENCE STREET AND NUMBER 430 N. PINE AVE.		CITY, TOWN, VILL. OR ROAD DISTRICT NO. CHICAGO		INSIDE CITY COOK		STATE ILLINOIS	
FATHER - NAME NATHANIEL SHARKEY		MOTHER - MARRIAGE NAME MATTIE ROSS		MARRIAGE ADDRESS (STREET AND NO. OR R. F. D. CITY OR TOWN) 17518 N. AUSTIN BLVD. OAK PARK, ILL		APPROPRIATE INITIALS OF REGISTRAR AND DEATH CERTIFICATE OFFICER	
INFORMANT'S SIGNATURE <i>Nancy Payne</i>		RELATIONSHIP WIFE		MARRIAGE ADDRESS (STREET AND NO. OR R. F. D. CITY OR TOWN) 17518 N. AUSTIN BLVD. OAK PARK, ILL		APPROPRIATE INITIALS OF REGISTRAR AND DEATH CERTIFICATE OFFICER	
17a. DEATH CAUSED BY: IMMEDIATE CAUSE HEART FAILURE		17b. (ENTER ONE OF THE CAUSES PER LINE FOR (a), (b), AND (c))		17c. OTHER SIGNIFICANT CONDITIONS: (SEE THE CONTINUATION TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c))		17d. YEARS	
PART I. CONDITIONS, IF ANY, WHICH GIVE RISE TO DEATH AND TO WHICH THE CAUSE IS RELATED (LIST UNDER LYING CAUSE LAST.)		(a) IMMEDIATE CAUSE Heart Failure		(b) DUE TO: (CONSEQUENCE OF) Myocardial Infarction		(c) DUE TO: (AS A CONSEQUENCE OF) Arteriosclerosis; Heart Disease	
PART II. OTHER SIGNIFICANT CONDITIONS: (SEE THE CONTINUATION TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c))		18a. AUTOMATICALLY REPORTED TO DEATH CERTIFICATE OFFICER YES		18b. DEATH CERTIFICATE FILED IN DEPARTMENT OF PUBLIC HEALTH YES		18c. DEATH CERTIFICATE FILED IN COUNTY CLERK'S OFFICE YES	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		20a. INTENDED TIME OF DEATH June 2, 1979		HOUR OF DEATH 1:43 P	
21a. TO THE BEST OF MY KNOWLEDGE, THIS DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. I HAVE SIGNED THIS DEATH CERTIFICATE IN MY OWN HAND AND IN THE PRESENCE OF TWO OTHER PERSONS.		21c. I HAVE SIGNED THIS DEATH CERTIFICATE IN MY OWN HAND AND IN THE PRESENCE OF TWO OTHER PERSONS.		21d. I HAVE SIGNED THIS DEATH CERTIFICATE IN MY OWN HAND AND IN THE PRESENCE OF TWO OTHER PERSONS.	
22a. SIGNATURE <i>Nancy Payne</i>		22b. NAME AND ADDRESS OF PHYSICIAN ARTHUR MORRIS MD 715 W LAKE ST OAK PARK, IL 60301		22c. ILLINOIS LICENSE NUMBER 36-4424		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CONSUMER MUST BE NOTIFIED.	
23. BIRTH INFORMATION 23a. BIRTH DATE 23b. BIRTH PLACE		23c. EMPLOYER OR CREMATORY - NAME OAKRIDGE		23d. LOCATION HILLSIDE, ILLINOIS		23e. DATE 24 JUNE 9, 1979	
24. FUNERAL HOME 24a. NAME 24b. STREET AND NUMBER OR R. F. D.		24c. FUNERAL HOME 24d. STREET AND NUMBER OR R. F. D.		24e. CITY OR TOWN CHICAGO, ILL.		24f. STATE ILL.	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Nancy Payne</i>		25a. LOCAL REGISTRAR'S SIGNATURE <i>Nancy Payne</i>		25b. DATE RECD. BY LOCAL REGISTRAR JUN 5 1979		25c. DATE RECD. BY LOCAL REGISTRAR JUN 5 1979	

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Mail To:  
Barovsky, Ehrlich & Kromer  
Attn: Donna Clewis  
205 W. Michigan  
41st Floor  
Chicago, IL 60601

88-124921



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12642188

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4572 + C \* 88-124921  
COOK COUNTY REORDER