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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF } ss. Order No.

Edward L Ross being duly sworn states that I resides at 6638 So Champlain Ave in the City of Chicago, Ill 60637.

That I was acquainted with Margaret Ross deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 22 in Block 4 in McChesney's Hyde Park Homestead Subdivision of the South half of the North East quarter of Section 22 Township 38 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois.
20-22-208-036-0000 BHQ

That the deceased died June 23, 1988, 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 ______

88346538

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

EDWARD L. ROSS

this 2nd day of August, A.D. 1988

Lucy L Valentine
Notary Public

Edward L. Ross
(affiant's signature)

FORM 3703

Edward L Ross
6638 So Champlain
Chicago, Ill 60637

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COOK COUNTY RECORDER
49908 # B *-88-346538
T#2222 TRAN 2739 08/02/88 16:33:00
DEPT-01 RECORDING $13.25

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16,91
REGISTERED NUMBER 403

DECEASED

1. DECEASED—NAME: MARGARET Paulette ROSS
2. SEX: FEMALE
3. DATE OF DEATH (Month, Day, Year): JUNE 23, 1988
4a. RACE: ~~WHITE~~ Black
4b. ORIGIN OR DESCENT: AMERICAN
5a. AGE—LAST BIRTHDAY (Yrs): 74
6. DATE OF BIRTH (Mo., Day, Year): DEC. 4, 1913
7a. COUNTY OF DEATH: COOK
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: BREMEN TOWNSHIP
7c. HOSPITAL OR OTHER INSTITUTION: OAK FOREST HOSPITAL
7d. IF HOSP. OR INST. INDICATE DOA, OP/EMER. RM. INPATIENT: INPATIENT
8. STATE OF BIRTH: COLORADO
9. CITIZEN OF WHAT COUNTRY: U.S.A.
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED: MARRIED
11. NAME OF SURVIVING SPOUSE: EDWARD ROSS
12. SOCIAL SECURITY NUMBER: 343-12-6013
13a. USUAL OCCUPATION: HOUSEWIFE
13b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
13c. WAS DECEASED EVER IN U.S. ARMED FORCES? NO
13d. WAR OR DATES OF SERVICE: NONE
14a. RESIDENCE—STREET AND NUMBER: 6638 S. CHAMPLAIN
14b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
14c. INSIDE CITY LIMITS: YES
14d. COUNTY: COOK
14e. STATE: ILLINOIS

PARENTS

15. FATHER—NAME: ADOULPH BROWN
16. MOTHER—MAIDEN NAME: IDA STEEN
17a. INFORMANT NAME: DONNA LA TOUR
17b. RELATIONSHIP: MEDICAL RECORDS
17c. MAILING ADDRESS: 15900 S. CICERO, OAK FOREST, ILLINOIS 60452

CAUSE

18. DEATH WAS CAUSED BY:
PART I. IMMEDIATE CAUSE
(a) CARDIOPULMONARY ARREST — MINUTES
(b) DUE TO OR AS A CONSEQUENCE OF: SEPTIC SHOCK — HOURS
(c) DUE TO OR AS A CONSEQUENCE OF:
PART II. OTHER SIGNIFICANT CONDITIONS: RESPIRATOR DEPENDENT. LARYNGEAL CARCINOMA. ANOXIC ENCEPHALOPATHY.
19a. AUTOPSY: NO
20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO X

CERTIFIER

21a. I DID ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: JUNE 23, 1988
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? NO
21c. HOUR OF DEATH: 3:10 P.M.
22a. SIGNATURE: [signature]
22b. DATE SIGNED: JUNE 23, 1988
22c. NAME AND ADDRESS OF CERTIFIER: J. SUMCAD, M.D., 15900 S. CICERO, OAK FOREST, ILLINOIS 60452
22d. ILLINOIS LICENSE NUMBER: 36-58680
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER:

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL: BURIAL
24b. CEMETERY OR CREMATORY—NAME: OAK WOODS
24c. LOCATION: CHICAGO ILLINOIS
24d. DATE: JUN 27 1988
25a. FUNERAL HOME: CARTER FUNERAL CHAPEL, Ltd. 2100 E. 75th St. CHICAGO ILLINOIS 60649
25b. FUNERAL DIRECTOR'S SIGNATURE: Harry Joseph Carter Jr.
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 5502
26a. LOCAL REGISTRAR'S SIGNATURE: John E. Horn Carl J. Vandenberg
26b. DATE REC'D. BY LOCAL REGISTRAR: JUN 27 1988

VR 200 REV. 6/82 Illinois Department of Public Health - Office of Vital Records (BASED ON 1978 U.S. STANDARD CERTIFICATE)

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I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED IN ITEM #1 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 STILLBIRTHS, BIRTHS AND DEATHS.

DATED: JUN 27 1988

SIGNED: John E. Horn LOCAL REGISTRAR

SIGNED: Carl J. Vandenberg DEPUTY REGISTRAR, AT TINLEY PARK, ILLINOIS