

UNOFFICIAL COPY

89446230



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. 25287943

ELLA MAE HOUSTON being duly sworn
states that she resides at 64-38 SO. CARPENTERS in the City of
CHICAGO ILL 60621

That I was acquainted with GEORGE W. HOUSTON
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as:

- . DEPT-01 RECORDING \$12.00
- . T#5555 TRAN 1593 09/21/89 11:02:00
- . #2543 & E *-89-446230
- . COOK COUNTY RECORDER

That the deceased died DEC. 16, 1985, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

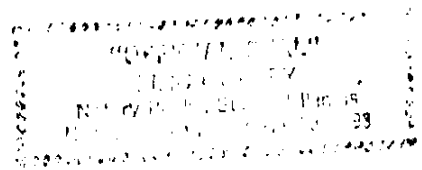
That the deceased died:

- 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



1 day of September, A.D. 19 89
Quada Cassip
Notary Public

Ella Mae Houston
(affiant's signature)

128

89446230

DATED: AUG 15 1988 SIGNED: *John E. Horn* LOCAL REGISTRAR
DATED: *Carl J. Wardenberg* SIGNED: DEP. REGISTRAR, AT TINLEY PARK, ILLINOIS 60477

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.

STATE OF ILLINOIS
REGISTRATION NO. 16,81
DISTRICT NO. 787
MEDICAL CERTIFICATE OF DEATH 216230

REGISTRATION NO. 16,81
DISTRICT NO. 787
MEDICAL CERTIFICATE OF DEATH 216230
REGISTERED NUMBER: 787
DATE OF DEATH: DECEMBER 16, 1985
SEX: MALE
COUNTY OF DEATH: COOK
DATE OF BIRTH: APRIL 5, 1918
COUNTY OF BIRTH: COOK
MARRIAGE STATUS: MARRIED
MOTHER: SARAH WRIGHT
FATHER: TOM WRIGHT

DECEASED
1. NAME (LAST, FIRST, MIDDLE)
2. BIRTH DATE AND PLACE
3. CITIZENSHIP
4. U.S.A.
5. SOCIAL SECURITY NUMBER
6. RESIDENCE STREET AND NUMBER
7. CITY, TOWN, VILLAGE OR BLDG DISTRICT NUMBER
8. COUNTY
9. STATE

PARENTS
10. FATHER - NAME, BIRTH DATE AND PLACE, CITIZENSHIP, U.S.A., SOCIAL SECURITY NUMBER, RESIDENCE STREET AND NUMBER, CITY, TOWN, VILLAGE OR BLDG DISTRICT NUMBER, COUNTY, STATE
11. MOTHER - MAIDEN NAME, BIRTH DATE AND PLACE, CITIZENSHIP, U.S.A., SOCIAL SECURITY NUMBER, RESIDENCE STREET AND NUMBER, CITY, TOWN, VILLAGE OR BLDG DISTRICT NUMBER, COUNTY, STATE

12. OCCUPATION OR DECEASED
13. USUAL OCCUPATION
14. KIND OF BUSINESS OR INDUSTRY
15. RELATIONSHIP TO DECEASED
16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17. CAUSE OF DEATH
18. DEATH WAS CAUSED BY:
19. PART I: FLUTE MYOCARDIAL INFARCTION
20. PART II: OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I: HEMIPLECTIC SECONDARY TO CEREBROVASCULAR ACCIDENT

21. DATE OF DEATH
22. TIME OF DEATH
23. HOUR OF DEATH
24. PLACE OF DEATH
25. DATE SIGNED (MAY, DAY, YEAR)
26. ILLINOIS LICENSE NUMBER

27. SIGNATURE OF CERTIFIER
28. NAME AND ADDRESS OF CERTIFIER
29. SIGNATURE OF PHYSICIAN
30. NAME AND ADDRESS OF PHYSICIAN

31. MEDICAL STAFF
32. SIGNATURE OF PHYSICIAN
33. NAME AND ADDRESS OF PHYSICIAN

34. DISPOSITION
35. FUNERAL HOME
36. RITUAL DIRECTOR'S SIGNATURE
37. LOCAL REGISTRAR'S SIGNATURE

38. A.A. RAUSE & SONS
39. JOHN E. HORN
40. LOCAL REGISTRAR'S SIGNATURE

41. LOCAL REGISTRAR'S SIGNATURE
42. DATE REC'D BY LOCAL REGISTRAR
43. DATE SIGNED