

UNOFFICIAL COPY

8 9 4 3 6 2 4 3

89486243



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Annie Gates being duly sworn
states that she resides at 936 East 47th Street in the City of _____

That she was acquainted with Lily Lacy
deceased who, at the time of _____ death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 29 in block 3 in James Brewster's Subdivision of the
North 20 Acres of South 40 Acres of the East 1/2 of the
North East 1/4 of Section 15, Township 39 North, Range 13
East of the Third Principal Meridian, in Cook County,
Illinois.

PREF N 16-15-222-026-0000

89486243

That the deceased died _____, 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 Five Thousand 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

Annie Gates

this 11th day of October, A.D. 1989

Billie Egan Morrow
Notary Public

Annie Gates
(affiant's signature)

UNOFFICIAL COPY

89486243

RECORDED

INDEXED

COOK COUNTY RECORDER

13 00 81

Property of Cook County Clerk's Office

DEPT-01
151111 TRAN 5071 10/13/89 11:18:00
*7081 * -89-486243
COOK COUNTY RECORDER

13:00



UNOFFICIAL COPY

OCT 5 1989

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., ACTING 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 WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

89186213

STATE OF ILLINOIS
STATE FILE NUMBER 615533

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. *16-10*
REGISTERED NUMBER

DECEASED-NAME
FIRST MIDDLE LAST
Lillie Greshaw (Lacey)

SEX *Female*
DATE OF BIRTH *August 15, 1989*

AGE-LAST BIRTHDAY (MOS) (DAYS) (HRS) (MINS)
50 66 50

DATE OF DEATH
August 15, 1989

4. COOK
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
66 DOA

5a. Chicago
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
Chicago, Illinois

7. Louisiana
WIDOWED
USUAL OCCUPATION
Seamstress

10. 353-56-9802
RESIDENCE (STREET AND NUMBER)
General Chicago

11a. Chicago
CITY, TOWN, OR ROAD DISTRICT NO.
134

12. *12th*
RESIDENCE (STREET AND NUMBER)
Yes

13a. 4148 W. Van Buren
ZIP CODE
60624

13b. Black
RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER)

14a. Black
MOTHER-NAME
Randle

15. Elizabeth
FATHER-NAME
Ezekiel

16. Fannie
RELATIONSHIP
Son

17a. Kenneth Lacy
Mailing Address
17c. 4148 W. Van Buren Chicago Ill

18. PART I. Immediate Cause (77a) Disease or condition (resulting in death)
(a) Respiratory failure
(b) Bacterial pneumonia
(c) Metastatic colon Ca

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

20a. 11/88
DATE OF OPERATION, IF ANY
Deon carcinoma

20b. 8/14/89
MONTH, DAY, YEAR
7:45

20c. YES NO
IF FEMALE, WAS THERE A PREGNANCY IMPACT THREE MONTHS?

21a. 12:30 P. M.
HOUR OF DEATH

21b. YES
WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO)

21c. 8/15/89
DATE SIGNED (MONTH, DAY, YEAR)

22a. SIGNATURE
Susan M.O. Powell

22b. 224 036059313
ILLINOIS LICENSE NUMBER

23. 1900 W. Polk Chicago Ill
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

24a. BUCIAL
CITY OR TOWN

24b. Restvale
STREET AND NUMBER OR R.F.D.

24c. Worth Illinois
CITY OR TOWN

24d. Illinois
STATE

25a. A.A. Rayner & Sons 5911 West Madison Street Chicago, Illinois 60644
FUNERAL HOME

25b. *Diane S. Brown*
FUNERAL DIRECTOR'S SIGNATURE

25c. 9394
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26a. *James W. Masterson*
LOCAL REGISTRAR'S SIGNATURE

26b. AUG 16 1989
DATE FILED / LOCAL REGISTRAR MONTH, DAY, YEAR

UNOFFICIAL COPY

62507102

Property of Cook County Clerk's Office



Please mail to

Mr. D. Bowly
Legal ASST. Found.
911 S. Kedzie Ave.
Chgo. IL 60612