

# UNOFFICIAL COPY



## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

89219923

STATE OF ILLINOIS  
COUNTY OF COOK

} ss.

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

JAMES M. ROBINSON being duly sworn  
states that he resides at 7100 South Emerald Avenue in the City of  
Chicago, Illinois 60621

That he was acquainted with WILLIE B. WILKINS  
deceased who, at the time of her death, was one of the owners of the land in COOK  
County, Illinois, described as:

Lot 47 and 48 in Block 3 in Parmly's Normal Park Addition  
in the North West quarter of Section 28, Township 38 North,  
Range 14, East of the Third Principal Meridian, in Cook  
County, Illinois

89219923

That the deceased died June 25, 1987, 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

JAMES M. ROBINSON

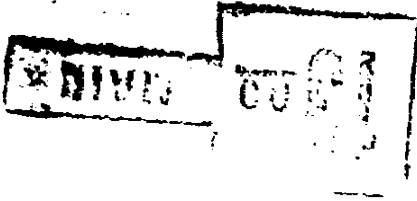
this 15<sup>th</sup> day of May, A.D. 19 89

Joseph Stator  
Notary Public

James M. Robinson  
(affiant's signature)

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832664258



Property of Cook County Clerk's Office

DEPT-01 RECORDING \$13.25  
142222 TRAM 5096 05/16/89 10:22:00  
41753 4 B \*-89-21923  
COOK COUNTY RECORDER

WILLIAM B BALL  
8355 S. FERRY AVE  
CHICAGO ILL. 60624

STATE OF ILLINOIS,  
County of Cook,

**UNOFFICIAL COPY**

I, STANLEY T. KUSNER, R., County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*Stanley T. Kusner*

County Clerk

MAY 11 1989

REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER			
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>		<b>612304</b>			
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	MONTH, DAY, YEAR
1. Willie Wilkins					2. Female	1. June 25, 1987	
RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))		AGE - YEARS	MONTH	DAY	DATE OF BIRTH (MO., DAY, YEAR)	COUNTY OF BIRTH	
Black American		87			July 8, 1899	7a. Cook	
CITY, TOWN, VILL. OR ROAD DISTRICT, NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN CITY, STREET AND NUMBER)			IF HOSP. OR INST. INCOME DECA. (SPECIFY)		
Chicago		Provident Hospital			INPATIENT		
STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY)	CITIZEN OF - WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			
Tenn	USA	Unmarried		Rayell Wilkins			
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO)		WAR OR DATES OF SERVICE	
498-10-8913	Housewife	Aux Home		No		None	
RESIDENCE - STREET AND NUMBER		CITY, TOWN, VILL. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE		
7100 South Emerald		Chicago	Yes	Cook	Ill		
FATHER - NAME		FIRST	MIDDLE	LAST	MOTHER - MAIDEN NAME		FIRST
15. Will. Thompson					N/A		
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)				
17a. Joyce Johnson		17b. Med. Rec.	500 East 51st Street				
18. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CODE FOR THE ICD-9 (a), (b), AND (c)]				APPROPRIATE INTERNAL BETWEEN CAUSE AND RESULT	
PART I. IMMEDIATE CAUSE		1a. CARDIO RESPIRATORY ARREST					
DUE TO OR AS A CONSEQUENCE OF:		1b. ATHEROSCLEROSIS					
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		1c.					
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. (a)		PANCREATIC CARCINOMA					
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	IF YES, WERE FINDINGS DIFFERENT FROM THOSE OF CAUSE OF DEATH?			
			NO	NO			
19. (a) (b) (c) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	(MONTH, DAY, YEAR)	HAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO)		HOUR OF DEATH			
21a.	6/25/87	21b.		21c. 9:05 A.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MO., DAY, YR.)			
22a. SIGNATURE				22b. 6-25-87			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER			
22c. Nwambi Ebe 500 E 51st St				22d. 36 45826			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Berea Ch	24c. North Willis			June 29, 1987	
FUNERAL HOME		NAME	STREET AND NUMBER OF R. F. D.	CITY OR TOWN	STATE		
Funeral Director's SIGNATURE		Funeral Director's SIGNATURE		Funeral Director's SIGNATURE			
25b. <i>Robert J. Jackson</i>		25c. <i>Robert J. Jackson</i>		25d. <i>Robert J. Jackson</i>			
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		25e.			
26a. <i>Dannie C. Edwards</i>		26b. JUN 26 1987					

041

DECEASED

813

700

PARENTS

409

CAUSE

57

CERTIFIER

DISPOSITION

500219923