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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

89219924

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 SAMUEL LEWIS WARE
deceased who, at the time of his 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.

89219924

That the deceased died December 30, 1981, 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 15th day of May, A.D. 19 89

Joseph Stator
Notary Public

James M. Robinson
(affiant's signature)

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Property of Cook County Clerk's Office

DEPT-01 RECORDING \$13.25
142222 TRAN 5056 05/16/89 10:22:00
41754 B *-89-219924
COOK COUNTY RECORDER

WILLIAM R. BALL
8355 S Ferry Ave
Chicago, IL 60620

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STANLEY T. KUSPER, JR. County Clerk

89-2-1-99224

Stanley T. Kusper, Jr.

PRECEDENCE NUMBER 1693
PRECEDENCE NUMBER 1691

MEDICAL CERTIFICATE OF DEATH 81-074192

1. Name of Deceased Samuel Louis Ware		Sex Male		Date of Death December 30, 1981	
2. Race American		Age 50		Date of Birth Jan. 8, 1922	
3. Residence PROVIDENCE TOWNSHIP		Hospital or Place of Death VETERANS ADMIN. HOSP., IL 61611		Status Inpatient	
4. Birthplace Tennessee		Marital Status Married		Name of Spouse Daniela	
5. Social Security Number 412-22-5107		Occupation Butcher		War or Dates of Service World War 2	
6. Residence Address 7100 S. Emerald		City Chicago		County Cook	
7. State Ill.		8. Father's Name John Ware		9. Mother's Name Rose Hill	
10. Attending Physician Kathryn Brown Details Clinic, Chicago		11. Hospital or Place of Death Veterans Admin. Hosp., IL 61611		12. Date of Death Dec. 30, 1981	
13. Death Cause Hepatic Encephalopathy		14. Cause of Death Unknown		15. Other Significant Conditions Cirrhosis of Liver.	
16. Date of Death Dec. 30, 1981		17. Date of Burial Dec. 30, 1981		18. Date of Interment Dec. 30, 1981	
19. Burial Place Burr Oak		20. Interment Place North Hill		21. Date of Interment 1-6-82	
22. Signature of Physician William A. Jordan		23. Signature of Registrar William P. Jordan		24. Date of Registration 1-6-82	
25. Signature of Coroner William P. Jordan		26. Signature of Medical Examiner William P. Jordan		27. Date of Medical Examination 1-6-82	

DECEASED

PARTIAL

2018

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