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Prepared By:

0116 Gallagher  
Standard Bank + Trust Co.  
2400 W. 95th St.  
Evergreen Pk., Ill. 60642

DECEASED JOINT TENANCY AFFIDAVIT

90414064

STATE OF ILLINOIS

County of Cook

ORDER NO. \_\_\_\_\_  
DATE August 11, 1990

In the matter of Booker T. Galloway, decedent,  
Ella Wee Galloway, widow, hereinafter referred to  
as the affiant deposes and states that the affiant resides at \_\_\_\_\_  
11643 S. Ada in the City of Chicago  
Illinois 60643.

That the decedent at the time of his/her death was one of the owners of  
the property in Cook County, Illinois, legally described  
as follows:

Lot 15 in Block 13 in Frederick H. Bartlett's Greater Calumet Subdivision of Chicago, being  
a part of the South Half of Section 20, Township 37 North, Range 14, East of the Third  
Principal Meridian in Cook County, Illinois.

PIN: 25-20-312-015

Property Address: 11643 S. Ada, Chicago, Illinois  
60643

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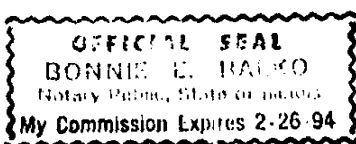
DEPT-01 RECORDING 418.25  
T65555 TRAM 4194 08/24/90 10168100  
\$4721.50 X-90-414064  
COOK COUNTY RECORDER

That said decedent died on December 14, 1988 leaving  
no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable  
interest in the above real estate is \$200,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due  
from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce TICOR TITLE INSURANCE COMPANY  
OF CALIFORNIA to issue its Policy of Title insurance on the above described  
property.



Signature Ella Wee Galloway  
SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_  
day of 8/17, 1990, a Notary  
Public in and for said State and County.

Bonnie E. Baker

NOTE: If the decedent left a will it will be necessary that the original or  
a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes,  
if any, should accompany this affidavit.

RE: TITLE SERVICES # 38-10400

Property of Cook County Clerk's Office

1325

UNOFFICIAL COPY



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STATE OF ILLINOIS

County of Cook  
Clerk of Court

In the matter of the estate of John J. Galloway  
deceased, the undersigned, Clerk of Court, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears in the records of the Clerk of Court of the City of Chicago, Illinois.

That the decedent at the time of his death was one of the owners of the property in Cook County, Illinois, the address of which is as follows:

107 1/2 in Block 13 in Eastwick II, Berford's Green Cultural Subdivision, a part of the South Side of Chicago, Illinois, Township 33 North, Range 14 East, 2nd Easting, Cook County, Illinois.

BY: \_\_\_\_\_  
Clerk of Court

Property of Cook County Clerk's Office

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That said decedent died on \_\_\_\_\_  
and a last will and testament was made and executed by him on \_\_\_\_\_  
in which he devised the above real estate to \_\_\_\_\_  
That the Illinois Inheritance Tax and the Federal Estate Tax thereon have been paid in full from the decedent's estate, and that the said devisee has taken possession of the property and is holding the same as tenant in common with the other devisees.

Witness my hand and the seal of the Clerk of Court of Cook County, Illinois, at Chicago, Illinois, this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

REGISTRATION DISTRICT NO. 1651  
 REGISTERED NUMBER 222  
 STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH  
 DECEASED - NAME BOOKER PAGE T SEX MALE DATE OF DEATH - approx. day year DECEMBER 14, 1988

Time of Death as  
 Determined by  
 See Funeral Director,  
 Hospital, or Physician  
 Registered for  
 Instructions

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. NAME - GENUINE BIRTH NAME <i>Booker, Amie</i>	ORIGIN OF DESCENT <i>Amie</i>	AGE - LAST BIRTHDAY <i>63</i>	SEX <i>F</i>	DATE OF BIRTH - approx. day year <i>12-28-1924</i>	COUNTY OF DEATH <i>Cook</i>
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <i>Blue Island</i>	HOSPITAL OR OTHER ESTABLISHMENT - name if not a street, give street and number <i>St. Francis Hospital</i>	DATE OF DEATH - approx. day year <i>12-14-88</i>	TIME OF DEATH <i>11:00 AM</i>	PLACE OF DEATH <i>St. Francis</i>	IF HOS. & REG. MANDATE DOA OR REG. MANDATE SPECIFY <i>St. Francis</i>
3. STATE OF BIRTH - if not USA <i>Mississippi</i>	CITIZEN OR NATAL COUNTRY <i>U.S.A.</i>	EDUCATION <i>High School</i>	INDUSTRY OR BUSINESS OR INDIUSTRY <i>Domestic Broker</i>	NAME OF SURVIVING SPOUSE - if not, name of widow, divorced person, separated <i>Ellie Mae Bridges</i>	DATE OF DEATH OF SPOUSE <i>1958</i>
4. SOCIAL SECURITY NUMBER <i>426-32-2603</i>	USUAL OCCUPATION <i>Housewife</i>	DATE OF DEATH OF SPOUSE <i>1958</i>	NAME OF SURVIVING SPOUSE - if not, name of widow, divorced person, separated <i>Ellie Mae Bridges</i>	DATE OF DEATH OF SPOUSE <i>1958</i>	WHAT ON BASIS OF SERVICE <i>WWT</i>
5. RESIDENCE - STREET AND NUMBER <i>11643 So. Alder</i>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <i>Chicago</i>	STATE, COUNTY, CITY <i>Ill. Cook</i>	DATE OF DEATH OF SPOUSE <i>1958</i>	NAME OF SURVIVING SPOUSE - if not, name of widow, divorced person, separated <i>Ellie Mae Bridges</i>	DATE OF DEATH OF SPOUSE <i>1958</i>
6. FATHER - NAME <i>James Callaway</i>	MOTHER - SPOUSE NAME <i>Fatherine Benjamin</i>	DATE OF DEATH OF FATHER <i>11/23/63</i>	DATE OF DEATH OF MOTHER <i>11/23/63</i>	NAME OF SURVIVING SPOUSE - if not, name of widow, divorced person, separated <i>Ellie Mae Bridges</i>	DATE OF DEATH OF SPOUSE <i>1958</i>
7. REGISTRATION NAME (TYPE OR PRINT) <i>Ellie Mae Callaway</i>	RELATIONSHIP <i>wife</i>	BIRTHDAY <i>11/23/63</i>	CITY OF BIRTH <i>Chicago</i>	NAME OF SURVIVING SPOUSE - if not, name of widow, divorced person, separated <i>Ellie Mae Bridges</i>	DATE OF DEATH OF SPOUSE <i>1958</i>
8. DEATH WAS CAUSED BY: <i>Respiratory failure metastatic small cell lung carcinoma</i>					
9. PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE OF DEATH AS LISTED IN PART I. (A) <i>none</i>					
10. DATE OF OPERATOR, IF ANY <i>none</i>					
11. NAME AND ADDRESS OF OPERATOR <i>John C. Brooks, MD 60406 220 JOHN BROOKS D.O., 2320 WEST HIGH STREET, BLUE ISLAND, ILLINOIS</i>					
12. NAME OF ATTENDING PHYSICIAN IF OTHER THAN OPERATOR <i>John C. Brooks, MD</i>					
13. DATE OF DEATH <i>12-13-88</i>					
14. TIME OF DEATH <i>12:15 PM</i>					
15. HOURS ON DEATH <i>12:15-88</i>					
16. DATE SIGNED <i>12-15-88</i>					
17. SIGNATURE OF OPERATOR <i>John C. Brooks, MD</i>					
18. ILLINOIS LICENSE NUMBER <i>36-53079</i>					
19. SIGNATURE OF CERTIFIER <i>George E. Whitman</i>					
20. DATE RECEIVED BY LOCAL REGISTRAR <i>Dec 16, 1988</i>					
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200. DATE RECEIVED BY LOCAL REGISTRAR <i>Dec 16, 1988</i>					

90414064

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at 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 BIRTHS, STILLBIRTHS AND DEATHS.

DATE DEC 16 1988 SIGNED George E. Whitman  
 AT BLUE ISLAND ILLINOIS. OFFICIAL TITLE LOCAL REGISTRAR

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Case No.	Plaintiff	Defendant	Date	Amount	Other
15-1388	James P. ...	...	...	...	...
...	...	...	...	...	...
...	...	...	...	...	...
...	...	...	...	...	...
...	...	...	...	...	...

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE RECORD AS KEPT IN THE OFFICE OF THE CLERK OF SAID COUNTY IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS PROBATE ACT OF 1909.

DATE DEC 16 1888  
 SIGNED \_\_\_\_\_