



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

ERNEST COLBERT

being duly sworn

states that he resides at 1905 S. 10TH AVE in the City of

MAYWOOD

That he was acquainted with DELORIS L. COLBERT

deceased who, at the time of her death, was one of the owners of the land, in Cook County, Illinois, described as:

LOT 54 (EXCEPT THE NORTH 17 FEET THEREOF) IN
COMMERCIAL AND PLACEMANS REAL ESTATE CORPORATION,
HARRISON AND NINTH AVENUE SUBDIVISION IN THE
SOUTHWEST 1/4 OF SECTION 13 TOWNSHIP 39 NORTH
RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN
IN COOK COUNTY, ILLINOIS 15-15-4154-1000

90497144

That the deceased died 3-10-90, 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 500.00 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

ERNEST COLBERT

this 9th day of OCT, A.D. 19 90

[Signature]

Notary Public "OFFICIAL SEAL"

MICHAEL E. ROWE
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 1/27/92

[Signature]
(affiant's signature)

UNOFFICIAL COPY

Property of Cook County Clerk's Office

90497144

DEPT-01 RECORDING \$14.25
TRM# 2222 TRM# 7626 10/11/90 09:22:00
#3340 # ID * 90-497144
COOK COUNTY RECORDER



GALAXIE
2140 N CLIFTON
CHICAGO IL 60614

14 Mail

UNOFFICIAL COPY

Certified Copy of a ^{900419714A} Death Record

DECEDENT'S BIRTH NO.	ILLINOIS DISTRICT NO. 16-92	STATE OF ILLINOIS			STATE FILE NUMBER	
	REGISTERED NUMBER 399	MEDICAL CERTIFICATE OF DEATH				
Type of Print in PERMANENT INN See Federal Structure, Hospital, or Physician's Manual for INSTRUCTIONS	DECLARANT NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
	1	DELORES	L.	COLBERT	FEMALE	MARCH 10, 1990
A DECEASED	CORRECTION (IF ANY)	AGE LAST BIRTHDAY (MONTH DAY YEAR)	INDUSTRY (CODE)	INDUSTRY (DAY)	INDUSTRY (MONTH)	DATE OF BIRTH (MONTH DAY YEAR)
	4	COOK	50	50	00	OCTOBER 29, 1939
	CITY, TOWN, TWO OFFROAD DISTRICT QUADRANT	HOSPITAL (OFFICE, INSTITUTION, HOME OR OTHER HEALTH CARE CENTER) (NAME AND NUMBER)			IF UNDER THE CARE OF A HOSPITAL OR OTHER HEALTH CARE CENTER, ROOM AND FLOOR	
	PROVISO TOWNSHIP	FOSTER G. MCCAW HOSPITAL			EMERGENCY ROOM	
	DATE OF PLACE (MONTH DAY YEAR)	MARRIAGE (IF EVER MARRIED)	NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)		WAS HE OR SHE PREVIOUSLY MARRIED (IF YES, DATE)	
	Chicago Illinois	MARRIED	Ernest Colbert		NO	
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		INDUSTRY (MONTH DAY YEAR)	
	10 320-32-2993	CRP. Oper.	General		12 12th 2nd	
	RESIDENCE (CITY, TOWN, TWO OFFROAD DISTRICT QUADRANT)	CITY, TOWN, TWO OFFROAD DISTRICT NO.		INDUSTRY (MONTH DAY YEAR)	CITY	
	1905 S 104th AVENUE	MAYWOOD		12 12th	COOK	
	STATE	RACE (WHITE OR BLACK OR AMERICAN INDIAN OR ALASKA NATIVE OR HAWAIIAN)	OF THIS DEPARTMENT (YES OR NO)	IF YES, DATE	IF YES, DATE	
	ILLINOIS	BLACK	NO	YES	NO	
B PARENTS	FATHER'S NAME	FIRST	MIDDLE	LAST	MOTHER'S NAME	FIRST
	15	Arthur		Lothan	Iva	Norman
	ORIGINALLY BORN (YES OR NO)	MAY BE BORN IN STATE OF ILLINOIS (YES OR NO)		MAY BE BORN IN STATE OF ILLINOIS (YES OR NO)		
	17a	LISA GERMAN		2460 S 1ST AVENUE, MAYWOOD, ILLINOIS		
	TO PART I	I, the undersigned, certify that the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Vital Records Act.				
C CAUSE	Immediate Cause (If not changed or corrected resulting in death)	(a) Metastatic Ca of Breast				(b) 8 months
	CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (IN SEQUENCE OF THE UNDERLYING CAUSE LAST)	(b) DOE TO OBTAIN A COPY OF THIS RECORD				
	PART II (For report of cause of death only to be completed by the attending physician)					
	DATE OF OPERATION, IF ANY	FAMILY HISTORY OF DISEASE		IF YES, DATE		
	March 5, 1990			NO		
D CERTIFIER	CERTIFIER AT THE TIME OF DEATH (NAME AND ADDRESS OF HEALTH CARE PROVIDER)	DATE OF DEATH	WAS A PHYSICIAN (YES OR NO)	TIME OF DEATH	SIGNATURE (DATE)	
	21b	March 5, 1990	NO	3:10 PM	March 12, 1990	
	SIGNATURE (NAME AND ADDRESS OF CERTIFIER)	DATE OF DEATH	WAS A PHYSICIAN (YES OR NO)	TIME OF DEATH	SIGNATURE (DATE)	
	21c	March 5, 1990	NO	3:10 PM	March 12, 1990	
	NAME OF ATTENDING PHYSICIAN (IF OTHER THAN HEALTH CARE PROVIDER)					
	21d	2160 S 1ST AVENUE, MAYWOOD, ILLINOIS 60153				
E DISPOSITION	INDIVIDUAL (NAME AND ADDRESS OF FUNERAL HOME)	CITY OR TOWN (NAME)	STATE	DATE	TIME	
	24a	Oakridge	Jillside Illinois	Mar. 17, 1990	7:30 PM	
	NAME AND ADDRESS OF FUNERAL HOME	NAME AND ADDRESS OF FUNERAL HOME				
	24b	A.A. Rayner & Sons 5911 West Madison Street Chicago, Illinois 60640				
	SIGNATURE (DATE)	SIGNATURE (DATE)				
	24c	Richard J. Billeb				
	DATE OF DEATH	DATE OF DEATH				
	24d	March 15, 1990				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named as item 1, and that this record was established and filed in my office in accordance with the provisions of the Vital Records Act.

MAR 15 1990

Richard J. Billeb

DATE SIGNED
 AT Brookview, 60153, Illinois OFFICIAL TITLE Deputy Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield. County clerk and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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