

UNOFFICIAL COPY

0 6 0 3 2 90606225



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

{ ss.

Order No. _____

Minnie B. Russell being duly sworn
states that I resides at 5840 W. 64th Street in the City of
Chicago, Illinois.
That I was acquainted with Minnie B. Russell
deceased who, at the time of his death, was one of the owners of the land in 5840 W. 64th St,
County, Illinois, described as:
Legal description

S0606225

That the deceased died July 21-1989, 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
Cook 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

MINNIE B. RUSSELL

this 13 day of Dec., A.D. 19 90

Howard L. Eisenly
Notary Public

Minnie B. Russell
(Affiant's signature)

OFFICIAL SEAL
HOWARD L. EISENLY
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXP. DEC. 3, 1991

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COOK COUNTY RECORDER

REC'D # 3 * -90-606225

TRM2222 TRM1004 12/13/90 11:32:00

DEPT-81 RECORDING DEPT. 15.25



90606225

Minnie B. Bureau
5440 N. 62nd Street
Milwaukee, WI

1525

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SCHEDULE A

SEE SIMPLE TITLE IN JOINT TENANCY

The title, estate
or interest guaranteed
by this policy.

Description of the
real estate with
respect to which
this policy is is-
sued

Lot twenty seven (27) in block four (4) in Clearpark,
a subdivision of the North West quarter of the North
East quarter of Section twenty (20), Township thirty
eight (38) North, Range thirteen (13), East of the
Third Principal Meridian, in Cook County, Illinois.**

19-20-206-027-0000

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Property of Cook County Clerk's Office

SCHOLARSHIP

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DEPARTMENT OF HEALTH - CITY OF CHICAGO

JUL 24 1989

REGISTRATION DISTRICT NO.	1617
REGISTERED NUMBER	

STATE # 20806225
NAME

613922

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS			
COUNTY OF COOK			
CITY OF CHICAGO			
DECEASED'S NAME 1. COUNTRY OF DEATH 4. CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER	FIRST LESLIE COOK	MIDDLE JAMES	LAST RUSSELL
AGE: LAST BIRTHDAY 5a. 79	SEX MALE	DATE OF DEATH 3. JULY 21, 1989	MONTH DAY YEAR 1909
UNDERTAKER 5b. HOSPITAL OR OTHER INSTITUTION OR NAME IF NOT AT HOME, ONE STREET AND NUMBER 5c. CHICAGO	HOLY CROSS HOSPITAL		
BIRTH PLACE, CITY AND STATE OR COUNTRY Chicago, Illinois	MARIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	NAME OF SURVIVING SPOUSE (MATERIAL NAME & WIFE) Minnie McDonald	6c. IMPATIENT 9. NO
SOCIAL SECURITY NUMBER RESIDENCE STREET AND NUMBER 10320-03-1997 13a. Welder	USUAL OCCUPATION STAFF	KIND OF BUSINESS OR INDUSTRY Steel Fabricating	EDUCATION SPECIFIED IN QUESTION GROUP COMPLETED 12
13a. 5840 West 54th Street ILLINOIS ZIP CODE: 60638	CITY, TOWN, OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY YES 13c. Yes	COUNTY COOK
FATHER'S NAME FIRST MORT F	RELATIONSHIP LAST White	14d. KIND MOTHER'S NAME FIRST ANDREE	OF HISPANIC ORIGIN? YES OR NO (ANSWER IN SPANISH IF NECESSARY)
MOTHER'S NAME FIRST James	Russell	15. Elizabeth	14e. ADDRESS (STREET AND ZIP CODE) 6840 W. 54th Street, Chicago, IL 60638
INFORMANT'S NAME FROM ORGANIZATION 17a. Minnie Russell	RELATIONSHIP LAST Wife	16. MARRIAGE DATE 1981	14f. DATE OF DEATH 2 DAYS
18. PART II (For medical examiner to complete and to indicate if death was sudden or unexpected. Death date to be filled in by medical examiner.) DEATH DATE (Indicate on death certificate)	2. CONSEQUENCE OF Causes of death Mouths		
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING TIME UNDERLYING CAUSE LAST	3. CARDIAC GENIC SHOCK		
PART III (For medical examiner to complete and to indicate if death was sudden or unexpected. Death date to be filled in by medical examiner.) DEATH DATE (Indicate on death certificate)	4. MAJOR FINDINGS OF OPERATION 7. 21-67		
DATE OF OPERATION, IF ANY 20a. 200.	5. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES OR NO) YES 21b. YES		
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND AS TO THE CAUSE(S) STATED NAME AND ADDRESS OF CERTIFIER AND ACT/SAW/HAR/MER/ALIVE ON 21a. 21-67	6. HOUR OF DEATH 21c. 6:03A DATE SIGNED 22d. 7-21-89		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Signature J. K. Patel MD	7. CERITIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED		
22. SIGNATURE NAME AND ADDRESS OF CERTIFIER Edgar Funeral Home	CEMETERY OR CREMATORY NAME 24a. Walnut Corners	LOCATION 24c. Bismarck, Illinois	NOTE: IF AN EXAMINER WAS INVOLVED IN THIS DEATH, THE EXAMINER OR MEDICAL EXAMINER MUST BE NOTIFIED
23. BURIAL, CREMATION, REMOVAL, ETC., 24a. BURIAL	FUNERAL HOME 24b. Edgar Funeral Home	STREET AND NUMBER 18644 Western Avenue CITY, STATE Oak Lawn, Illinois	DATE MONTH DAY, YEAR July 26, 1989
25a. FUNERAL DIRECTOR'S SIGNATURE Signature J. K. Patel MD	FUNERAL DIRECTOR'S SIGNATURE 25b. Edgar Funeral Home	STREET AND NUMBER 1970 Avenue CITY, STATE Oak Lawn, Illinois	DATE MONTH DAY, YEAR 3656
25c. DATE FUNERAL LOCATED JUL 29 1989	25d. DATE OF DEATH JUL 29 1989	25e. DATE OF EXAMINATION JUL 29 1989	25f. DATE OF AUTOPSY JUL 29 1989

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