

UNOFFICIAL COPY

9 0 | 7 8 9 90178973



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

ss.

Order No. _____

James A. Dickens and Cora Liggins being duly sworn
states that they resides at 10114 S Hoxie in the City of
Chicago

That they ^{were} ~~was~~ acquainted with Mary J. Dickens
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot four (4) (except the North seventeen and twenty five one hundredths (17.25) feet thereof) and Lot five (5) (except the South three and seventy five one hundredths (3.75) feet thereof) in Block twenty five (25) in Calumet Trust's Subdivision in Section twelve (12) both North and South of the Indian Boundary Line in Township thirty seven (37) North, Range fourteen (14), East of the Third Principal Meridian, and Fractional Section seven (7) North of the Indian Boundary Line in Township thirty seven (37) North, Range fifteen (15), East of the Third Principal Meridian, as per Plat, Document 9137462, in Cook County, Illinois.

That the deceased died May 1st 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.

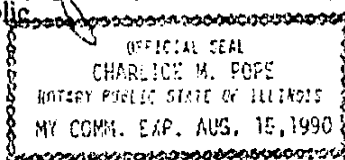
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Cora Liggins & James A. Dickens

this 17th day of April, A.D. 1990

Notary Public



FORM 3703

Cora Liggins
CORALIGGINES

X James A. Dickens
(affiant's signature)
JAMES A. DICKENS

INVESTORS TITLE CO. 1-8-88

90178973

UNOFFICIAL COPY

COOK COUNTY

PROPERTY RECORDS

PROPERTY RECORDS

PROPERTY

PROPERTY

PROPERTY

Property of Cook County Clerk's Office

90178973

90178973

COOK COUNTY RECORDER

#8260 # B * -90-178973

TRAN 3338 04/19/90 14:47:00

DEPT-01 RECORDING \$14.25

APR 19 1990

Mail to:
Chrysler First Financial
PO Box 205
949 Oakmont Plaza Dr
Westmont, IL 60097

14/25

REGISTRATION DISTRICT NO 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
NO. 609627

June 30, 1987
90178973

DECEASED - NAME: Mary June Dickens
FIRST MIDDLE LAST
SEX: Female
DATE OF BIRTH: May 1, 1981
MOTHER, DAY, YEAR

1. NAME: Black
2. RACE: American
3. PLACE OF BIRTH: Chicago
4. SEX: Female
5. DATE OF BIRTH: May 1, 1981
6. COUNTY OF BIRTH: Cook
7. CITY OF BIRTH: Chicago
8. HOSPITAL OR OTHER INSTITUTION: Grant Hospital of Chicago
9. IN-PATIENT

10. MARRIED, NEVER MARRIED, WIDOW, DIVORCED, SEPARATED, RE-MARRIED: Married
11. NAME OF SURVIVING SPOUSE: James A. Dickens
12. U.S. WAR VETERAN: No
13. U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD, NATIONAL GUARD, NATIONAL RESERVE: No
14. U.S. AIR FORCE RESERVE: No
15. U.S. MARINE CORPS RESERVE: No
16. U.S. NAVY RESERVE: No
17. U.S. AIR FORCE RESERVE: No
18. U.S. MARINE CORPS RESERVE: No
19. U.S. NAVY RESERVE: No

19. FATHER: Wealthie Sanders
20. MOTHER: Magnolia Westbrooks
21. RESIDENCE STREET AND NUMBER: 10114 South Hoxie Chicago
22. CITY, STATE, ZIP: Chicago Illinois 60614

23. DEATH CAUSED BY: (a) Respiratory Insufficiency
(b) Pulmonary Fibrosis
(c) Carcinomatosis
24. IMMEDIATE CAUSE: Unknown

25. DATE OF OPERATION: April 30, 1981
26. MAJOR FINDINGS OF OPERATION: Pulmonary Fibrosis
27. DATE OF OPERATION: October 26, 1969
28. MAJOR FINDINGS OF OPERATION: Pulmonary Fibrosis
29. DATE OF OPERATION: May 1, 1981
30. MAJOR FINDINGS OF OPERATION: Pulmonary Fibrosis
31. DATE OF OPERATION: May 1, 1981
32. MAJOR FINDINGS OF OPERATION: Pulmonary Fibrosis

33. NAME AND ADDRESS OF CERTIFIER: Maceo Ellison, M.D., 8501 S. Cottage Grove, Chicago, Ill. 60619
34. ILLINOIS LICENSE NUMBER: 36-35394
35. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: [Signature]

36. BIRTHAL CREATION: [Signature]
37. BIRTHAL CREATION: [Signature]
38. BIRTHAL CREATION: [Signature]

39. FUNERAL HOME: CARTER FUNERAL CHAPEL
40. ADDRESS: 2100 East 75th Street Chicago, Illinois 60649
41. FUNERAL HOME: [Signature]

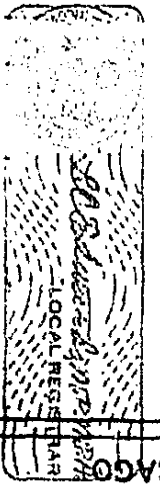
42. LOCAL HEALTH OFFICIAL: [Signature]
43. CHICAGO DEPT. OF HEALTH: [Signature]
44. CHICAGO DEPT. OF HEALTH: [Signature]

45. DATE USED BY LOCAL REGISTRAR: MAY 4 1981
46. DATE USED BY LOCAL REGISTRAR: MAY 4 1981

47. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records
48. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LORNAE C. EDWARDS, M.D., M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

UNOFFICIAL COPY

UNOFFICIAL COPY

Property of Cook County Clerk's Office

90178973

Please return
me

Car Loggins

Thank you
very much

2017/11/14