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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

13⁰⁰

STATE OF ILLINOIS
COUNTY OF COOK

{ ss.

Order No. _____

RUTH FERGUSON

being duly sworn

states that SHE resides at 1440 N. CENTRAL AVE in the City of CHICAGO

That SHE was acquainted with TOMMIE T. FERGUSON

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

LOT 2 IN JOHN E. BARRETT AND COMPANY'S RESUBDIVISION OF LOTS 117 THRU 119 IN TODD'S SUBDIVISION OF THE SOUTH 1/4 OF THE NORTH 1/4 OF THE EAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 1440 N. CENTRAL CHICAGO, ILL. 60661

PINN. 16-05-215-023-0000

COOK COUNTY CLERK'S OFFICE
FILED FOR RECORD
APR 30 14 11 53

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That the deceased died _____, 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

the 19TH day of MARCH, A.D. 19⁹⁰
Edmund J. Quinn
Notary Public

Ruth Ferguson
(affiant's signature)

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STATE OF ILLINOIS,
County of Cook,

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.

County Clerk

JAN 6 1986

PERMANENT USE
See Funeral Director,
Hospital or Physician
Handbook for
INSTRUCTIONS

DIAGNOSES

PARENTS

CAUSE

VA

CERTIFIER

DISPOSITION

| MEDICAL CERTIFICATE OF DEATH | | | | | | | | | |
|--|--|---------------------|--|------------------------------------|--|----------------------|--|--|--|
| REGISTERED NUMBER 1776 | | | | | | | | | |
| 1. TOMMIE Thomas | | Ferguson | | 2 Male | | 3. December 29, 1985 | | | |
| 4. Black | | AMERICAN | | 59 | | 6. July 16, 1926 | | 7a. COOK | |
| 8. Mississipi | | U.S.A. | | 10. Married | | 11. Ruth Dixon | | 7b. Inpatient | |
| 12. 425-30-6280 | | 13a. Jan. 1951 | | 13b. Chicago Housing | | 12. Yes | | 13c. World War II. | |
| 14a. 1440 North Central | | 14b. Chicago | | 14c. Yes | | 14d. Cook | | 14e. Illinois | |
| 15. Tommie Ferguson | | 16. Sylvia Augustus | | | | | | | |
| 17a. William E. Naida, M.A.A. | | 17b. HUSBAND | | 17c. VETERANS ADM. HINES, IL 60141 | | | | | |
| 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | | | | | |
| PART I. IMMEDIATE CAUSE | | | | | | | | 20. Approximate interval between onset and death | |
| (a) Bacterial Endocarditis, | | | | | | | | Unknown | |
| (b) Mitral Valve, | | | | | | | | | |
| (c) Staphylococcus Aureus-Septicemia, | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. OR DATE OF OPERATION, IF ANY | | | | | | | | | |
| Chronic Renal Failure due Hypertension on Dialysis | | | | | | | | | |
| 21a. Dec. 20, 1985 | | | | | | | | | |
| 22. SIGNATURE: <i>H. H. ...</i> | | | | | | | | | |
| 23. NAME AND ADDRESS OF CERTIFIER: VETERANS ADM. HINES, IL 60141 | | | | | | | | | |
| 24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): | | | | | | | | | |
| 25. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL | | | | | | | | | |
| 26a. BURIAL HOME: A. R. LEAK | | 26b. OAKRIDGE | | 26c. HILLSIDE | | 26d. ILLINOIS | | 26e. JAN. 4, 1986 | |
| 27. TUNERAL DIRECTOR'S SIGNATURE: <i>A. R. Leak</i> | | | | | | | | | |
| 28. DATE BY LOCAL OFFICIAL: Dec 31, 1985 | | | | | | | | | |
| 29. LOCAL HEALTH OFFICIAL SIGNATURE: <i>William ...</i> | | | | | | | | | |

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