



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

EDWICE HARRIS being duly sworn

states that SHE resides at 1008 WEST 57TH STREET in the City of CHICAGO

That SHE was acquainted with HENRY B HARRIS deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

situated in the County of COOK, State of ILLINOIS, as follows, to wit: THE W. 25 FT. OF THE E. 100 FT OF LOTS 21, 22, 23, AND 24 (EXCEPT THE N 10 FT. OF LOT 21) IN BLOCK 1 IN STODDER'S SUBDIVISION OF THE SE 1/4 OF THE NW 1/4 OF THE NE 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, together with all the appurtenances and privileges thereunto belonging or appertaining

Permanent Real Estate Index Number(s): 20-17-211-043

Address(es) of premises: 1008 W. 57TH STREET, CHICAGO ILLINOIS 60621

WITNESS hand and seal this

That the deceased died MARCH 8, 1978, 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.

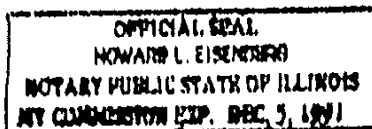
Subscribed and sworn to before me by the said

EDWICE HARRIS

this 12 day of NOV, A.D. 19 91

Howard L. Casaly
Notary Public

Edwice Harris
(affiant's signature)



UNOFFICIAL COPY

Property of Cook County Clerk's Office

91592174

91592174

DEF1-01 RECORDING \$14.50
74444 TRAN 8525 11/12/91 09144100
17145 + D * - 91 - 592174
COOK COUNTY RECORDER



ADDRESS TO

Larnice Harris

1008 West 5th Street

Chicago IL 60621

11/15/91

UNOFFICIAL COPY

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

605121

March 11, 1988.

STATE OF ILLINOIS
COUNTY OF COOK SS
CITY OF CHICAGO

I, LORNE 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.



605121

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

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS
DECEASED-NAME HENRY HARRIS	DATE OF DEATH MARCH 08, 1988
SEX 2 MALE	COUNTY OF DEATH Cook
AGE 56	DATE OF BIRTH (MO., DAY, YEAR) JUNE 28, 1931
RACE BLACK	7a. HOSPITAL OR OTHER INSTITUTION UNIVERSITY OF ILLINOIS
8. MISSISSIPPI SOCIAL SECURITY NUMBER 425-56-5913	11. EUNICE WASHINGTON WAS DECEASED EVER IN U.S. (SPECIFY YES OR NO) NO
12. RESIDENCE STREET AND NUMBER 1008 WEST 57TH STREET	13a. GENERAL OCCUPATION LABORER
FATHER - NAME THOMAS HARRIS	14a. MOTHER - MAIDEN NAME TISHIE HUDSON
15. INFIRMARY NAME (STREET OR PRINT) EUNICE HARRIS	17b. RELATIONSHIP WIFE
16. DEATH WAS CAUSED BY: 1a) INTERSTITIAL PULMONARY FIBROSIS 1b) RHEUMATOID ARTHRITIS	18. DEATH WAS CAUSED BY: 1a) INTERSTITIAL PULMONARY FIBROSIS 1b) RHEUMATOID ARTHRITIS
19. MAJOR FINDINGS OF OPERATION	20. DATE OF OPERATION, IF ANY
21. SIGNATURE Lorne C. Edwards M.D.	22a. SIGNATURE (MO., DAY, YEAR) MARCH 08, 1988
22. PATRICE F. HIRNING M.D. 1740 W. CLAYTON CHGO, IL 60612	22b. ILLINOIS LICENSE NUMBER 036-073737
23. BURIAL REMOVAL	24. RESTVALE
24. EVANS FUNERAL HOME, LTD. 6453 SOUTH ASHLAND AVENUE CHICAGO, ILLINOIS 60636	25. FUNERAL DIRECTOR'S SIGNATURE Lorne C. Edwards M.D.
26. LOCAL REGISTRAR'S SIGNATURE Lorne C. Edwards M.D.	DATE REC'D. BY LOCAL REGISTRAR (MO., DAY, YEAR) MAR 11 1988