

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook

ORDER NO. _____

DATE: 2-6-91

Jana M. Williams, hereinafter referred to as the affiant deposes and states that she resides at 4751 S. Rowan in the City of Chicago

That the decedent at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

The North 1/2 of Lot 11 (except the E 25 feet thereof) in Block 1 in H.B. Bryant's subdivision of the Northwest 1/4 of the North East 1/4 of the North West 1/4 of Section 10, Township 38 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. # 20-10-104-012

Hand pointing to text
Jana M. Williams
4751 S. Rowan
Chgo. 60615

91077392

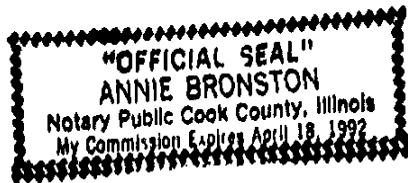
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T#5555 TRAN 4891 02/19/91 14123100
#1491 # E # -91-077392
COOK COUNTY RECORDER

That said decedent died on October 31, 1987 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interests in the above real estate is \$ 30,000

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce ~~TICOR TITLE INSURANCE COMPANY~~ to issue a Policy of Title Insurance on the above described property.



Signature Jana M. Williams

SUBSCRIBED AND SWORN TO before me this 12 day of Feb., 19 91
a Notary Public in and for said State and County.
Annie Bronston

91077392

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

13 Mail

UNOFFICIAL COPY

Property of Cook County Clerk's Office



CHRO. 40012
AUG 21 2 16 PM '12
JON W. SIMMONS

SECRET

COOK COUNTY CLERK
111 N. LAUREL ST.
CHICAGO, ILL. 60602
TEL. 312.603.4000
WWW.COOKCOUNTYCLERK.COM

UNOFFICIAL COPY

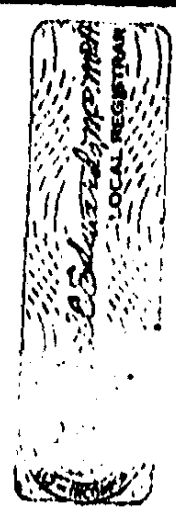
1610

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH 621609

November 5, 1987

STATE OF ILLINOIS COUNTY OF COOK SS CITY OF CHICAGO

I, IONNA 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, DEATHS AND MARRIAGES 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 OR 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

1. DECEASED
 NAME: TOM MCWILLIAMS
 SEX: MALE
 RACE: BLACK
 DATE OF BIRTH: 12-9-09
 COUNTY OF BIRTH: COOK
 CITY OF BIRTH: CHICAGO

2. PLACE AND DATE OF DEATH
 PLACE: CHICAGO OSTEOPATHIC HOSPITAL
 DATE: OCTOBER 31, 1987
 COUNTY OF DEATH: COOK

3. OCCUPATION
 OCCUPATION: JANITOR

4. MARITAL STATUS
 MARRIAGE: MARRIED
 SPOUSE: IONA C. EDWARDS

5. CAUSE OF DEATH
 CAUSE: METASTATIC PROSTATE CARCINOMA
 MAJOR FINDINGS: CARDIAC ARREST, ISCHEMIC HEART DISEASE WITH VENTRICULAR DYSRHYTHMIAS

6. SIGNATURE OF PHYSICIAN
 NAME: Diane Rapaport, M.D., MPA
 ADDRESS: 4751 S. PRAIRE CHICAGO IL 60619
 DATE: OCTOBER 28, 1987
 HOUR OF DEATH: 11:15 PM

7. LOCAL REGISTRAR
 NAME: IONNA C. EDWARDS
 ADDRESS: 4751 S. PRAIRE CHICAGO IL 60619
 DATE: OCTOBER 31, 1987

BASED ON 1978 U.S. STANDARD CERTIFICATE

UNOFFICIAL COPY

Mc Williams
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