



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

Order No. \_\_\_\_\_

\_\_\_\_\_ Glynn Milam being duly sworn  
states that I resides at 8800 So. Justice in the City of \_\_\_\_\_

That I was acquainted with Eugene Milam  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described as:

Lot 1 (except the back 10 feet and except the west 8 feet thereof) in Block 5 in E. L. Brainerd Subdivision of Telford Burnham Subdivision of Telford Burnham Subdivision of Section 5 Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Ill. P.N. 25-05-108-013-000

That the deceased died March 20, 1991, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: 91257418

- 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.

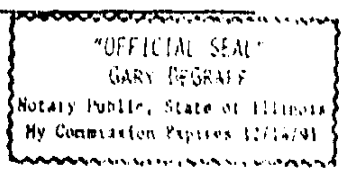
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said  
Glynn Milam

this 30 day of May, A.D. 19 91

Gary McGrath  
Notary Public

Glynn Milam  
(affiant's signature)



UNOFFICIAL COPY

Property of Cook County



91257418

Glynn Milam  
8800 So. Justice Ave.  
Chicago, Ill 60620

DEPT-01 RECORDING  
14555 TRAN 1279 05/30/91 11:38:00  
47963 + E \* -91-257418  
COOK COUNTY RECORDER

Clerk's Office

91257418

14/29

UNOFFICIAL COPY

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.P.A. ACTING 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 FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

91257418

STATE FILE NUMBER 605676

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO 16.10  
REGISTERED NUMBER

1 DECEASED NAME EUGENE MILAM	2 SEX MALE	3 DATE OF DEATH MARCH 20, 1991
4 COUNTY OF DEATH COOK	5A AGE LAST BIRTHDAY 72	5B DATE OF BIRTH SEPTEMBER 13 1918
6A CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	6B HOSPITAL OR OTHER INSTITUTION, NAME IF NOT HOME, GIVE STREET AND NUMBER HOLY CROSS HOSPITAL	6C INPATIENT OR OUTPATIENT INPATIENT
7A MARITAL STATUS MARRIED	7B SURVIVING SPOUSE, NAME AND ADDRESS GLYNN SULLIVAN	7C NUMBER OF SPOUSES PREVIOUSLY MARRIED 9
8A SOCIAL SECURITY NUMBER 409-14-216	8B KIND OF BUSINESS OR INDUSTRY FACTORY	8C YES OR NO, INDICATE DOA OPERATED BY APPOINTED PERSON NO
9A RESIDENCE STREET AND NUMBER 8800 S JUSTINE	9B CITY, TOWN, TWP. OR ROAD DISTRICT NO CHICAGO	9C COUNTY COOK
10A RACE WHITE	10B YES OR NO, SPECIFY NO	10C YES OR NO, SPECIFY NO
11A FATHER'S NAME ROBERT MILAM	11B MOTHER'S NAME SALLY MOLEY	11C INDEXING LAST NAME MILAM
12A CRIMINAL NAME (WITH OFFENSE) GLYNN MILAM	12B RELATIONSHIP WIFE	12C MAILING ADDRESS (STREET AND NO OR P.O. BOX AND CITY AND STATE) 8800 S JUSTINE CHICAGO IL 60620
13A (a) IMMEDIATE CAUSE (Final Cause of death) CARCINOMA OF PROSTATE, LUNG AND BONE		
13B (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF		
13C (c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF		
14A DATE OF OPERATION, IF ANY 03-19-91		
14B (1) (b) (i) NOT ATTENDING THE DECEASED AND (b) (ii) LAST SAW HIM HER ALIVE ON P. C. Sharma		
15A NAME AND ADDRESS OF CERTIFIER BINDIGANAYLE SHREENIVAS, M.D. 3107 W. 71ST ST. CHICAGO, IL		
15B NAME OF ATTENDING PHYSICIAN'S OTHER THAN CERTIFIER (TYPE OR PRINT) 60629		
16A BURIAL, CREMATION OR OTHER DISPOSAL DIAKWOODS		
16B CEMETERY OR CREMATORY NAME DIAKWOODS		
16C STREET AND NUMBER OF BLDG OR HOME 63 E 74th ST		
16D CITY OR TOWN CHICAGO		
16E STATE ILLINOIS		
16F FUNERAL DIRECTOR'S LICENSE NUMBER 7410		
17A REGISTRAR'S SIGNATURE Virginia L. Parker		
17B DATE MAR 22 1991		

BASED ON ILLINOIS STANDARD CERTIFICATE