

# UNOFFICIAL COPY

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91338468



## Chicago Title Insurance Company

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook

vs.

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

Gregory Ray

being duly sworn

states that he resides at 1004 East 192nd Place in the City of  
Glenwood, IL

That he was acquainted with George Gartrell

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

THE EAST 20 FEET OF LOT 17 AND ALL OF LOT 18 IN BLOCK 6 IN CROISSANT PARK MARKHAM, A  
SUBDIVISION OF LOT 2 (EXCEPT THE NORTH 15.61 FEET THEREOF) ALSO ALL OF LOTS 3, 4, 5  
AND 6 IN LAWS SUBDIVISION OF THE SOUTH HALF OF THE SOUTHEAST QUARTER OF SECTION 19,  
TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN ALSO THAT PART  
OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 20, TOWNSHIP 36 NORTH,  
RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST AND NORTHWEST OF RIGHT  
OF WAY OF ILLINOIS CENTRAL RAILROAD, COOK COUNTY, ILLINOIS.

RECORDING 414.00  
176666 TRAM 4479 07/09/91 10:24:00  
#0843 # \* - 91 - 338468  
COOK COUNTY RECORDER

PIN #: 29-19-426-057

COMMONLY KNOWN AS: 1852 WEST 167TH STREET, MARKHAM, IL

That the deceased died 4-12-91, 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

affiant - Gregory Ray

this 6<sup>th</sup> day of June, A.D. 19 91

Susan A. Kohl

Notary Public

"OFFICIAL SEAL"  
SUSAN G. KOHL

Notary Public, State of Illinois  
My Commission Expires Dec. 7, 1993

FORM 3763

Gregory Ray  
(affiant's signature)

91338468

MEDICAL CERTIFICATE OF DEATH

APR 15 1991

REGISTRATION NO. **16.10**  
DISTRICT NO. **16.10**  
REGISTERED NUMBER  
DECEASED NAME **GEORGE** FIRST **GEORGE** MIDDLE **GARTRELL** LAST **GARTRELL** SEX **MALE** DATE OF BIRTH (MONTH, DAY YEAR) **APRIL 12, 1991**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **COOK** COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **59** MONTHS **8** DAYS **3** UNDER 1 DAY HOURS **54** MIN. **54** DATE OF BIRTH (MONTH, DAY YEAR) **APRIL 12, 1991**

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT WHETHER GAVE STREET AND NUMBER) **66 Michael Pease** CITY, TOWN, OR ROAD DISTRICT NO. **11b ALCO** COUNTY **COOK**

**6a. Chicago** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Washington, Ga** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8a. Widowed** NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE) **Michael Pease**

SOCIAL SECURITY NUMBER **1026-07-1115** USUAL OCCUPATION **11a. Machinist** KIND OF BUSINESS OR INDUSTRY **12. None** EDUCATION (SPECIFY ON THE GRADE COMPLETED) **12. 6** RESIDE CITY (YES/NO) **13c. Yes** COUNTY **COOK**

RESIDENCE STREET AND NUMBER (IN CITY, TOWN, OR ROAD DISTRICT NO.) **1522 W 167th St** CITY, TOWN, OR ROAD DISTRICT NO. **13a. Northham** OF HISPANIC ORIGIN? (SPECIFY) **14b. DNO** YES SPECIFY: **14c. Yes** MIDDLE **14d. No**

**15. George** RECORD ANTS NAME (TYPE OR PRINT) **Gartrell** RELATIONSHIP **16. Not** BUILDING ADDRESS (STREET AND NO. ONLY IN CITY, TOWN, OR ROAD DISTRICT NO.) **17c. 1848 E 167th St Northham 111 60626**

**18. Elizabeth Ray** DEATH DATE (MONTH, DAY YEAR) **APRIL 15, 1991** TIME OF DEATH (HOUR, MINUTE) **2:46 P.M.** CAUSE OF DEATH (IMMEDIATE CAUSE (a) STAINING THE UNDERLYING CAUSE LAST) **(a) ACUTE MYOCARDIAL INFARCTION**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STAINING THE UNDERLYING CAUSE LAST **(b) DUE TO OR AS A CONSEQUENCE OF**

DATE OF OPERATION, IF ANY **200.** MAJOR FINDINGS OF OPERATION **20c. YES**  **NO**  **20d. YES**  **NO**  **20e. YES**  **NO**

**21a.** DID NOT ATTEND THE DECEASED (MONTH, DAY YEAR) **APRIL 15, 1991** WAS CONSUMER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **21b. YES** **21c.** HOUR OF DEATH **2:46 P.M.**

**21a.** TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **22a.** SIGNATURE **22b.** DATE SIGNED **APRIL 12, 1991**

**22a. DR. NAKARES THEPJATRI M.D. 736 W 35TH ST CHICAGO ILL 60616** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22d. 36 045393** ILLINOIS LICENSE NUMBER **23.** NAME OF ATENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

**23a. Robert McCullough** FUNERAL HOME, **2035 E 79th St, Chicago, Ill 60649** DATE OF FUNERAL (MONTH, DAY YEAR) **APRIL 16, 1991**

**24a. Burial** CEMETERY OR CREMATORY NAME **24b. Lincoln** LOCATION **24c. North, Illinois** CITY OR TOWN **24d. North, Illinois** CITY OR TOWN **24e. 2035 E 79th St, Chicago, Ill 60649** STREET AND NUMBER OR R.F.D. **25a. 6825** FUNERAL HOME

**25b. 6825** FUNERAL DIRECTOR'S SIGNATURE **25c. 6825** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

I, VIRGINIA L. PARKER, M.B.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 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.