



CHICAGO TITLE AND TRUST COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Guarantee No. _____

Warren Carrol Moore being duly sworn
states that he resides at 320 E. 147th St. in the City of
Harvey

That he was acquainted with Avalon Arlen Moore
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois, described as:

Lots 9 and 10 in Harvey Land Association's subdivision of Block 1
in South Lawn, a Subdivision of Section 17 and the South 1/2 of
Section 8, Township 35 North, Range 14 East of the Third Principal
Meridian, in Cook County, Illinois.

Permanent Tax I.D. No. 29-08-405-004

DEPT. OF RECORDS & CLERK'S OFFICE
1830 N. LAUREL ST. CHICAGO, ILL. 60642
606-311-1111
COOK COUNTY RECORDER

That the deceased died December 14, 1972, 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 Fifteen Thousand and No/100----- dollars.

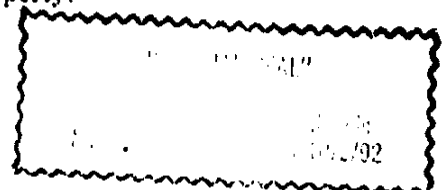
Affiant makes this affidavit for that purpose of inducing the Chicago Title and Trust Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Warren Carrol Moore

this 21st day of May, A.D. 19 92

Robert McHugh
Notary Public



Warren Carrol Moore
(affiant's signature)

Warren Carrol Moore

UNOFFICIAL COPY

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EVIDENCE IN ALL COURTS AND PLACES OF THE FACTS THEREIN STATED.

PUBLIC HEALTH OF THE LOCAL REGISTRAR OF THE COUNTY CLERK SHALL BE PRIMA FACTS

STATUTES FURTHER PROVIDED THAT CERTIFICATION OF A DEATH RECORD BY THE DEPT. OF

PUBLIC HEALTH IN SPRINGFIELD, ILLINOIS, COUNTY CLERKS AND LOCAL REGISTRARS ARE

AUTHORIZED TO MAKE CERTIFICATION FROM COPIES OF THE ORIGINAL RECORD. THE ILLINOIS

THE ORIGINAL OF THIS RECORD IS PERMANENTLY FILED WITH THE ILLINOIS DEPT. OF

PUBLIC HEALTH IN SPRINGFIELD, ILLINOIS.

DATED **MAY 18 1992** SIGNED *David J. ...* LOCAL REGISTRAR

AT HARVEY, ILLINOIS.

FOR THE PERSON NAMED THEREIN AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN

MY OFFICE IN ACCORDANCE WITH PROVISIONS OF THE ILLINOIS STATUTES RELATING

TO THE REGISTRATION OF BIRTHS, STILLBORNS AND DEATHS.

I HEREBY CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT COPY OF THE DEATH RECORD

REGISTRATION NO. 16-34
 DISTRICT NO.
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 COUNTY OF ...

DECEASED—NAME **AVALON A. MOORE** SEX **FEMALE** DATE OF BIRTH **DECEMBER 14, 1973**

RACE **WHITE** AGE **50** SEX **F** DATE OF BIRTH **DECEMBER 14, 1973** PLACE OF BIRTH **COOK**

CITY **HARVEY** STATE **ILLINOIS** COUNTY **COOK**

BIRTHPLACE (STATE OR FOREIGN COUNTRY) **HARVEY, ILL.** U.S.A. YES CALLS MEMORIAL HOSPITAL

SOCIAL SECURITY NUMBER **337-12-6482** USUAL OCCUPATION **CLERK**

RESIDENCE **ILLINOIS COOK** CITY **HARVEY** STATE **ILLINOIS** COUNTY **COOK**

FATHER—NAME **EDWARD** MOTHER—NAME **AMY**

DEATH WAS CAUSED BY **HEMORRHAGE MASSIVE INTRACEREBRAL**

PREVIOUS CEREBRAL HEMORRHAGE WITH PARALYSIS

DATE OF OPERATION: IF ANY

ATTENDED TIME **Oct. 15, 1960** TO **DEC. 14, 1973** HOUR OF DEATH **8:04 AM**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DAY, AT THE TIME AND PLACE, AND FROM THE CAUSES STATED

SIGNATURE *Samuel Berger* DATE SIGNED **DECEMBER 16, 1973** ILLINOIS LICENSE NUMBER **22365**

ADDRESS—CERTIFIER **15643 LINCOLN AVE. HARVEY, ILLINOIS 60426**

BURIAL CEMETERY OR CREMATORY—NAME **24th Mt. Vernon Mem. LEMONT**

BURIAL CEMETERY OR CREMATORY—LOCATION **24th Mt. Vernon Mem. LEMONT**

FUNERAL HOME **W. E. KERR & CO. 26 W. 156th. St. HARVEY, ILLINOIS 60426**

FUNERAL DIRECTOR'S SIGNATURE *W. E. Kerr* ILLINOIS LICENSE NUMBER **60426**

LOCAL REGISTRAR'S SIGNATURE *David J. ...* DATE REC'D BY LOCAL REGISTRAR **12/17/73**

VR 200 (1971)

Illinois Department of Public Health - Office of Vital Records

BASED ON 1981 U.S. STANDARD CERTIFICATE