



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

Order No.

32097876

\_\_\_\_\_ being duly sworn  
states that \_\_\_\_\_ resides at \_\_\_\_\_ in the City of \_\_\_\_\_

That \_\_\_\_\_ was acquainted with \_\_\_\_\_ deceased who, at the time of \_\_\_\_\_ death, was one of the owners of the land in \_\_\_\_\_ County, Illinois, described as: \_\_\_\_\_

92499552

DEPT-01 RECORDING \$23.50  
T#3333 TRAN 9031 07/09/92 10:20:00  
#5077 & \*-92-499552  
COOK COUNTY RECORDER

That the deceased died \_\_\_\_\_, as evidenced by a certified copy of death certificate of the deceased attached hereto.

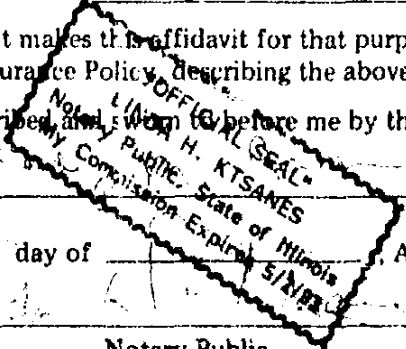
That the deceased died:

- 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 \_\_\_\_\_



this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 1992

Notary Public

\_\_\_\_\_ (affiant's signature)

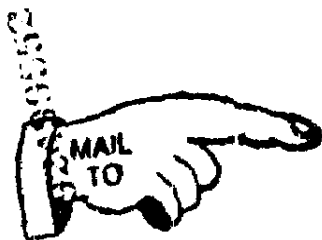
2350  
/

# UNOFFICIAL COPY

LOT 47 IN VAN ETTEN'S WEST PULLMAN PARK, BEING A RESUBDIVISION OF LOT 7 OF ANDREWS SUBDIVISION OF THE EAST 1/4 OF THE SOUTH WEST 1/4 AND THE SOUTH EAST FRACTIONAL 1/4 OF SECTION 28, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, NORTH OF INDIAN BOUNDARY LINE, ACCORDING TO THE PLAT THEREOF RECORDED JULY 9, 1925 AS DOCUMENT NUMBER 8969314, IN COOK COUNTY, ILLINOIS.

TAX ID NO: 25-28-407-014

Property of Cook County Clerk's Office



Aved Financial Services  
P.O. Box 11604  
Oak Lawn IL 60453

I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*Stanley T. Kusper, Jr.*  
County Clerk

SEP 26 1978

#762

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		OFFICE FILE NUMBER C 635352	
MEDICAL CERTIFICATE OF DEATH					
1. DECEASED—NAME <b>Willie Green</b>		SEX <b>Male</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>December 22, 1972</b>	
2. RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (Specify)) <b>Negro</b>		3. AGE—LAST BIRTHDAY (YR., MO., DAY) <b>45</b>		4. DATE OF BIRTH (MONTH, DAY, YEAR) <b>June 2, 1927</b>	
5. CITY, TOWN, TWP. OR CENSUS DISTRICT NUMBER <b>Chicago</b>		6. HOSPITAL OR OTHER INSTITUTION—NAME (If not in other, give street and number) <b>Roseland Community Hospital</b>		7. PLACE OF DEATH (CITY) <b>Cook</b>	
7a. BIRTHPLACE (CITY OR FOREIGN COUNTRY) <b>New Orleans</b>		8. CITIZEN OF WHAT COUNTRY <b>USA</b>		9. NAME OF SURVIVING SPOUSE (MARRIED) <b>Gladys Taylor</b>	
10. SOCIAL SECURITY NUMBER <b>437-22-9215</b>		11. USUAL OCCUPATION <b>Foreman</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Plastics Co</b>	
13. RESIDENCE (CITY) <b>Illinois</b>		14. COUNTY <b>Cook</b>		15. CITY, TOWN, TWP. OR CENSUS DISTRICT NO. <b>Chicago</b>	
16. FATHER—NAME <b>Not Available</b>		17. MOTHER—NAME <b>Not Available</b>		18. U.S. WAR VETERAN (Yes/No) <b>No</b>	
19. INFORMANT'S SIGNATURE <b>G. Mackey - Clerk</b>		20. RELATIONSHIP <b>Records</b>		21. MAILING ADDRESS (Street and No. or R. F. D., City or Town, State, ZIP) <b>45 W. 11th St.; Chicago, Ill. 60628</b>	
22. DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c), (d)) <b>Uncontrolled Tubercular Intoxication</b>		23. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>		24. ADDITIONAL CAUSES (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)	
25. PART I. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVE IN PART I OR PART II.		26. AUTOPSY (Yes/No) <b>NO</b>		27. YES. THIS PERSONS DEATH WAS PREVENTABLE.	
28. DATE OF OPERATION, IF ANY		29. MAJOR PRINCIPLES OF OPERATION		30. YES. THIS PERSONS DEATH WAS PREVENTABLE.	
31. I ATTENDED THE DECEASED FROM <b>Dec. 16, 72</b> TO <b>Dec. 22, 72</b>		32. THE LAST EXAMINER MADE A LAST EXAM. <b>Dec. 22, 1972</b>		33. HOUR OF DEATH <b>7:07 A.M.</b>	
34. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.				35. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.	
36. SIGNATURE <b>A. M. Seal</b>		37. DATE SIGNED <b>Dec. 22, 1972</b>		38. ILLINOIS LICENSE NUMBER <b>45274</b>	
39. MAILING ADDRESS—CERTIFIER <b>1321 West 87th Street; Chicago, Illinois</b>					
40. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		41. COUNTRY OF CREMATORY—NAME <b>Restvale</b>		42. LOCATION <b>Worth</b>	
43. FUNERAL HOME NAME <b>A. R. Leak</b>		44. STREET AND NUMBER ON S. P. S. <b>7838 S. Cottage Grove</b>		45. CITY OR TOWN <b>Chicago</b>	
46. FUNERAL DIRECTOR'S SIGNATURE <b>A. R. Leak</b>		47. FUNERAL DIRECTOR'S LICENSE LICENSE NUMBER <b>4390</b>		48. STATE <b>Ill</b>	
49. LOCAL REGISTRAR'S SIGNATURE <b>Harvey C. Brown</b>		50. CHICAGO BOARD OF HEALTH Chicago City Center, Room 1401 Concourse Level, Chicago 46002		51. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>DEC 24 1972</b>	

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110