



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

The Lma CHANDLER being duly sworn
states that I resides at 7737 S. Maryland Ave in the City of
Chicago Illinois.

That I was acquainted with Booker CHANDLER
deceased who, at the time of HIS death, was one of the owners of the land in Cook
County, Illinois, described as:

Lot 32 in Block 85 in Cornell, a subdivision of Sections 26
and 35, Township 38 North, Range 14, East of the Third
Principal Meridian, in Cook County, Illinois.

20-26-312-013-0000

92556436

That the deceased died Feb 27 1989 as evidenced by a
certified copy of death certificate of the deceased attached hereto. DEPT-01-RECORDING \$23.50
T#4444 TRAN 3673 07/29/92 13:32:00

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.

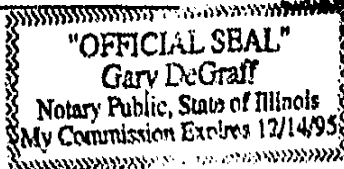
Subscribed and sworn to before me by the said

Thelma CHANDLER

this 29 day of July, A.D. 19 92

Gary DeGraff
Notary Public

Thelma Chandler
(affiant's signature)



2350

UNOFFICIAL COPY

33-1080-56



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Property of
92556426



Thelma Chandler
7737 So Maryland Ave
Chicago Ill 60619

County Clerk's Office

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REGISTRATION DISTRICT NO. 1610

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE PK NUMBER 604065

March 8, 1989

ILLINOIS COUNTY OF COOK CITY OF CHICAGO SS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH

BOOKER MTH CHANDLER MALE FEBRUARY 27, 1989

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME OF DEPT. RESERVING CARE (SEE INSTRUCTIONS)

CHICAGO SOUTH SHORE HOSPITAL

DATE OF DEATH 27 FEBRUARY 1989

COUNTY OF DEATH COOK

AGE LAST BIRTHDAY (MM) SS

65 24 JULY 8, 1923

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED

AK - MARRIED

USUAL OCCUPATION CHROME

112 POLISHER

RESIDENCE STREET AND NUMBER CITY, TOWN, OR ROAD DISTRICT NO. COUNTY

7737 S. MARYLAND CHICAGO

STATE ILLINOIS ZIP CODE 60619

RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC) BLACK

149. RIND 148. YES 147. SPECIFY: 146. RIND

145. RIND 144. YES 143. SPECIFY: 142. YES

141. YES 140. YES 139. YES 138. YES

92556436

I, LOUISE C. BOWARDS AND MPA, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTH, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VERIFICATION 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

DEPARTMENT OF HEALTH - CITY OF CHICAGO

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

UNOFFICIAL COPY

CONDITIONS, IF ANY WHICH GAVE RISE TO DECEASED CAUSE (a) STATED UNDERLYING CAUSE LAST: SEVERE EMPHYSEMA

PART II. OTHER MEDICAL FINDINGS... CARCINOMA OF LUNG

DATE OF OPERATION, IF ANY

22a. SIGNATURE OF CERTIFIED

22b. JIA HWANG M.D. 8015 S. LUEBIA AVE, CHICAGO, IL.

21. FUNERAL HOME OR CREMATOR NAME, ADDRESS, CITY, STATE, ZIP

20. LOCAL HEALTH DEPARTMENT

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Property of Cook County Clerk's Office
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