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92742685



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

92742685

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

MARY LEE BRACEY

being duly sworn

states that she resides at 8859 South Blackstone in the City of

That she was acquainted with Opra D. Thompson

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

The North Thirty Three and One Third (33-1/3) feet of LOT TWENTY TWO--(22) In Phillips' Subdivision of the West Three quarter's (3/4) of the North Half (1/2) of the Southwest Quarter (1/4) of the North-east Quarter (1/4) of Section 28, Town 38 North, Range 14, East of the Third Principal Meridian.

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That the deceased died September 15, 1980, 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 thirty thousand 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.

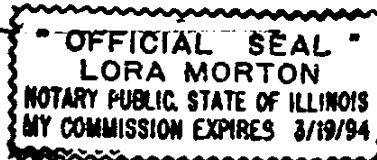
Subscribed and sworn to before me by the said

Mary Lee Bracey

this 14th day of Sept, A.D. 19 92

Lora Morton

Notary Public



Mary L Bracey
(affiant's signature)

DEPT-11 \$23.50
T#7777 TRON 5079 10/06/92 12:18:00
#0819 # *--92-742685
COOK COUNTY RECORDER

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 15 1992

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 AFFIXED.

92742685

REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE OF ILLINOIS REGISTRATION DISTRICT NO. **16.10** MEDICAL EXAMINER'S CERTIFICATE OF DEATH **C. 620125**

DECEASED NAME: **Thompson** SEX: **Male** DATE OF DEATH: **September 17 1980**

1. **DOB** **70** UNDER 1 YEAR: **70** UNDER 2 YEARS: **70** UNDER 5 YEARS: **70** UNDER 10 YEARS: **70** UNDER 15 YEARS: **70** UNDER 20 YEARS: **70** COUNTY OF DEATH: **Cook**

2. **Chicago** CITY OF BIRTH: **Chicago** STATE: **Ill** HOSPITAL OR OTHER INSTITUTION: **Pravida** NAME OF SURVIVING SPOUSE: **Lucy Lee Edwards**

3. **USA** CITIZENSHIP: **Married** MARITAL STATUS: **11** NAME OF BUSINESS OR INDUSTRY: **Restaurant** MARITAL STATUS: **11** NAME OF VETERAN: **W.A.# 2**

4. **426-05-7327** SOCIAL SECURITY NUMBER: **13b** TYPE OF DEATH: **13b** RESTAURANT: **13b** YES: **13b** NO: **13b** COUNTY: **13b** STATE: **13b**

5. **7310 S. Harvard** RESIDENCE STREET AND NUMBER: **14b** CITY: **Chicago** STATE: **Ill** COUNTY: **14b** MOTHER MAIDEN NAME: **14d** **Cook** STATE: **14d** **Ill**

6. **Eddie Thompson** FATHER NAME: **15b** MOTHER MAIDEN NAME: **15d** **Calmes** STATE: **15d**

7. **Lucy L. Thompson** INFORMANT SIGNATURE: **17a** RELATIONSHIP: **17b** **Wife** MAILING ADDRESS: **17c** **17310 S. Harvard Chicago Ill** CITY: **17c** STATE: **17c** ZIP: **17c**

8. **Death was caused by** IMMEDIATE CAUSE: **18** **Asleric sclerotic Cardiovascular disease** **18** **Due to or as a consequence of** **19** **Ischemic** **19** **Due to or as a consequence of** **20**

9. **Other significant conditions** **21** **None** **21**

10. **Normal** DATE OF INJURY: **20b** **77, 1980** HOUR: **20c** **9:59 AM** PLACE OF INJURY: **20d** **Found in Park** TYPE OF INJURY: **20e** **Found in Park**

11. **Mitra Kalelkar, M.D. Mitra Kalelkar, M.D.** CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE INFORMATION AND DEATH CERTIFICATE ON THE BASIS OF THE PLACE AND DATE OF THE DEATH STATED, AND THAT THE DECEASED PERSON WAS AT THE PLACE AND DATE OF DEATH STATED.

12. **Burial** CITY OF BURIAL: **24b** **Worth** STATE: **24c** **Ill** DATE OF BURIAL: **24d** **Sept. 22 1980**

13. **A.R. Leak** FUNERAL HOME: **25a** **7838 S. Cottage Grove** CITY: **Chicago** STATE: **Ill** ZIP: **60619**

14. **A.R. Leak** LOCAL REGISTRAR'S SIGNATURE: **26a** **4390** DATE: **26b** **SEP 19 1980**

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Property of Cook County Clerk's Office

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Thomas K Gibson Jr
8537 S STONY
CHASE 60067