



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

LOSSIE WILLIAMSON

being duly sworn

states that She resides at 515 West 65th Street in the City of Chicago

That She was acquainted with MARSELLA WILLIAMSON

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

Lot 3 (except the east one millionth part thereof) in Spofford, Byrne and Drake's Subdivision of Lots 2, 3, 6 and 7 in Block 12 in Linden Grove, said Linden Grove being a subdivision of the South 90 acres and the West 35 acres of the North 70 acres of the North West Quarter of Section 21, Township 38 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois.

92246237

20-21-119-006-0000

DEPT-01 RECORDING \$23.50
T43333 TRAN 3424 04/10/92 12:07:00
#7227 + C *-92-246237
COOK COUNTY RECORDER

That the deceased died November 29, 1981, 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 \$20,000.00 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.

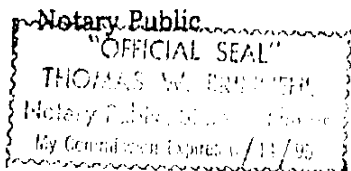
Subscribed and sworn to before me by the said

this 9th day of April, A.D. 19 92

Thomas W. Emmerich

Lossie Mae Williamson

(affiant's signature)



UNOFFICIAL COPY

92246237

Property of Cook County Clerk's Office

UNOFFICIAL COPY

515 W 65th St
Josephine Williams
Chicago Ill 60621



DATE Dec. 1, 1981
REGISTRAR
DEPUTY REGISTRAR

I hereby certify that the foregoing is a true and correct copy of the death record of the person in item #1 and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of Births, Stillbirths, and Deaths.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 10119
REGISTERED NUMBER 89439

DECEASED - NAME MARSELLA WILLIAMSON
SEX MALE
DATE OF DEATH 3 November 29 - 1981

RACE - WHITE
AGE 69
DATE OF BIRTH 12-16-1911
COUNTY COOK

CITY CHICAGO
HOSPITAL OR OTHER INSTITUTION - NAME AND NUMBER 1118 E. Co. Mary Hospital - 7c D-04

CITIZENSHIP U.S.A.
MARRIED NEVER MARRIED

USUAL OCCUPATION LABORER
INDUSTRY GENERAL
WAR OR SERVICE YES

RESIDENCE STREET AND NUMBER 515 W. 65th St
CITY CHICAGO
COUNTY COOK
STATE ILLINOIS

FATHER - NAME John Williamson
MOTHER MARGARET

DEATH WAS CAUSED BY CARDIAC RESPIRATORY FAILURE
IMMEDIATE

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE IN STATING THE UNDERLYING CAUSE LAST DUE TO OR AS A CONSEQUENCE OF CARCINOMA OF BOTH LUNGS
UNKNOWN

MAJOR FINDINGS OF OPERATION

ATTENDED THE DECEASED FROM JUNE 12 - 1980 TO NOV 29 1981
DATE SIGNED NOV 16 1981

SIGNATURE Joseph Subramanian
NAME AND ADDRESS OF CERTIFIER SESHAN SUBRAMANIAN MD 736 W 35TH ST CHICAGO, ILL 60616

REGISTRAR
DEPUTY REGISTRAR

CHICAGO DEPT. OF HEALTH
DATE RECD BY LOCAL REGISTRAR NOV 1, 1981

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48-99226

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