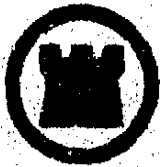


UNOFFICIAL COPY

9 2 3 1 4 0 4 3

92314043



Chicago Title Insurance Company

DEPT-01 RECORDING

\$25.50

T#2222 TRAN 3742 05/07/92 14:40:00

#6774 #B \*-92-314043

DECEASED JOINT TENANCY AFFIDAVIT COOK COUNTY RECORDER

STATE OF ILLINOIS  
COUNTY OF

Order No. \_\_\_\_\_

Helen H. Hayes

being duly sworn

states that she resides at 14236 Cottage Grove Ave. in the City of Dolton, IL 60419

That she was acquainted with Arthur H. Hayes SR.

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

The North 4.00 feet of Lot 24, all of Lot 25, and South 14.00 feet of Lot 26 in Block 6 together with that part of the lying west of and adjoining said lots 24, 25, and 26 lying north of the westerly prolongation of the South of the North 4.00 feet of said lot 24 and lying south of the westerly prolongation of the North line of the South 14.00 feet of said lot 26 in Calumet Park #4 subdivided lands in the east 1/2 of Section 3 in County Clerk's District east of the third principal meridian, in Cook County, IL.  
Common Address: 14236 Cottage Grove Ave. Dolton, IL 60419

92314043

- That the deceased died October 14, 1970 at 9:31 a.m., 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.

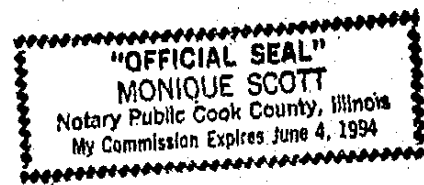
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Helen H. Hayes

this 07 day of May, A.D. 19 92

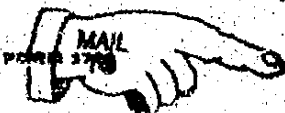
Monique  
Notary Public



Helen H. Hayes  
(affiant's signature)

Helen H. Hayes  
14236 Cottage Grove Ave  
Dolton IL 60419

25.50



92314043

# UNOFFICIAL COPY



PROPERTY OF COOK COUNTY CLERK'S OFFICE

Property of Cook County Clerk's Office

92314013

92314013

COOK COUNTY CLERK'S OFFICE

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The north 4.00 feet of lot 24, All of lot 25, and south 14.00 feet of lot 26 in block 6 together with that part of the east half  $\frac{1}{2}$  of the north-south heretofore vacated alley lying west of and adjoining said lots 24,25, and 26 lying north of the westerly prolongation of the south line of the north 4.00 feet of said lot 24 and lying south of the westerly prolongation of the north line of the south 14.00 feet of said lot 26 in Calumet park, a subdivision of part of the southeast  $\frac{1}{4}$  of section 3 in county clerk's division of unsubdivided lands in the east  $\frac{1}{2}$  of section 3, township 36 north, range 14, east of the third principal meridian, in Cook county, Il.

Common Address: 14236 S. Cottage Grove Ave., Dolton, Il. 60419

Permanent Tax Index Number: 29-03-405-050-0000

Subject to covenants, conditions, and easements of record and 1987 real estate taxes.

Property of Cook County Clerk's Office 92314043

92314043

UNOFFICIAL COPY

Property of Cook County Clerk's Office

92314013

81041238

# UNOFFICIAL COPY

## INDIANA STATE BOARD OF HEALTH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

### CERTIFICATE OF DEATH

Oct 22, 1990

Hammond Health Commissioner

875

Local No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1 DECEASED—NAME (First, Middle, Last) <b>ARTHUR G. HAYES SR.</b>		2 SEX <b>MALE</b>		3a TIME OF DEATH <b>9:31 a.m.</b>		3b DATE OF DEATH (Month, Day, Year) <b>OCTOBER 14, 1990</b>			
4 SOCIAL SECURITY NUMBER <b>426-32-8303</b>		5a AGE—Last Birthday (Years) <b>69</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes			
6a WAS DECEASED? A U.S. VETERAN? <b>YES</b>		6b YEAR LAST SERVED BY U.S. ARMED FORCES? <b>1946</b>		8 DATE OF BIRTH (Mo, Day, Yr) <b>JUNE 20, 1921</b>		7 BIRTHPLACE (City and State or Foreign Country) <b>MISSISSIPPI</b>			
9a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence				9b CITY, TOWN OR LOCATION OF DEATH <b>HAMMOND</b>				9c COUNTY OF DEATH <b>LAKE</b>	
10 FACILITY (Name (If not residential, give street and number)) <b>ST. MARGARET HOSPITAL</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>HELEN WOLFOLK</b>		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") <b>SELF EMPLOYED</b>		12b KIND OF BUSINESS/INDUSTRY <b>BARBER</b>			
10a MARITAL STATUS (Last-yr) <b>MARRIED</b>		13a RESIDENCE—STATE <b>ILLINOIS</b>		13b CITY, TOWN OR LOCATION <b>DOLTON</b>		13d STREET AND NUMBER <b>14236 S. COTTAGE GROVE</b>			
13c COUNTY <b>COOK</b>		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		15 WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) <b>BLACK</b>			
17 DECEASED'S EDUCATION (Specify only highest grade completed) <b>12 YRS</b>		18 FATHER'S NAME (First, Middle, Last) <b>DANIEL HAYES</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>LUVENNIA LOGGANS</b>					
20a INFORMANT'S NAME (Type/Print) <b>HELEN HAYES</b>		20b MAKING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>14236 S. COTTAGE GROVE, DOLTON, ILL. 60419</b>				20c Relationship <b>WIFE</b>			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) <b>OCTOBER 20, 1990 LINCOLN CEMETERY</b>				21c LOCATION—City or Town, State <b>CHICAGO, ILL.</b>			
22a EMBALMER'S NAME <b>JAMES PORRAS</b>		22b MINOR'S LICENSE NO. <b>1045964</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b LICENS. NUMBER (If licensed) <b>1045131</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>BURNS-RISH FUNERAL HOME #3002819 5840 HOBMAN AVE. (FOR GOLDEN GATE F.H. HAMMOND, IND. CHICAGO, ILL)</b>					
26 PART I Enter the disease, injury or complication that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <span style="float: right;">Appropriate Interval Between Onset and Death</span>									
IMMEDIATE CAUSE (Final disease or condition resulting in death)									
a <i>Cardiac arrhythmia</i>									
b <i>Coronary artery disease</i>									
c <i>Hypertension</i>									
d									
27 PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I									
27a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		27b WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>NO</b>		27c WAS AUTOPSY BY PHYSICIAN? (Yes or no) <b>NO</b>		27d WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>			
28a SIGNATURE AND TITLE OF CERTIFIER <i>Franklin J. Pennum, M.D.</i>		28b MEDICAL LICENSE NO. <b>AW 422797</b>		28c DATE SIGNED (Month, Day, Year) <b>Oct 17 1990</b>					
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 30) (Type/Print) <i>Robert Walker 870 West Taylor, Chicago, Ill. 60612</i>									
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Pennum, M.D.</i>						32 DATE FILED (Month, Day, Year) <b>OCT 22 1990</b>			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Nonicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)			
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e LOCATION (Street and Number or Rural Route Number, City or Town, State)							
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

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