

92393849

(FORM 302)

Affidavit by Surviving Joint Tenant

L. R. Doc. No. Certificate No. 7701959

State of Illinois }
County of Cook } ss.

DEPT-11 RECORD - T \$23.50
T#8888 TRAN 5988 06/04/92 13:25:00
#8166 # E *-92-393849
COOK COUNTY RECORDER

Ella Thigpen being first

duly sworn, upon oath deposes and says:

That she resides at 7717 S. Calumet in the City of Chicago
and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy,
to real estate shown in Certificate of Title No. 7701959 situated in said Cook County, Illinois,
described as follows:

Lot Thirty Five (35) in Wakeford Eleventh, Addition, being Lucius
O. Fischer's Subdivision of Block Thirteen (13) in Pitner's
Subdivision of the Southwest Quarter (2) of Section 27, Town
38 North, Range 14, West of the Third Principal Meridian.

Affiant states that Nobel R. Thigpen one of the said owners in joint
tenancy, died intestate, in the city (Village) of Chicago in the State of Illinois
as is confirmed by a Certificate of the health department of said municipality hereto attached.

Affiant states that the remaining joint tenant has not changed her marital status since
the issuance of Certificate of Title Number 7701959 (except who
has been married but once since acquiring said real estate and then to).

Further, that the affiant makes this affidavit for the purpose of inducing the Registrar of Titles
of Cook County, Illinois, to issue a certificate of title to the surviving Joint Tenant to said above
described premises, relying on this statement as true, and in consideration thereof affiant guarantees
the truth of the statements herein contained.

X Ella M. Thigpen

Subscribed and sworn to before me
this 23rd day of May 1992

Rita Maher
NOTARY PUBLIC.



\$23.50
PC

92393849

UNOFFICIAL COPY

Property of Cook County Clerk's Office

6/28/2016

REGISTRATION DISTRICT NO. 16-10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 605762

DECEASED - NAME: Noble, Richard Thigpen, Jr.
FIRST MIDDLE LAST
DATE OF BIRTH: MAR 1 1 1981
AGE: 60
SEX: M
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago
HOSPITAL OR OTHER INSTITUTION: D.O.A. Jackson Park
DATE OF DEATH: MAR 1 1 1981
COUNTY OF DEATH: Cook

7b. STATE OF BIRTH: U.S.A.
CITIZEN OF WHAT COUNTRY: U.S.A.
8. Louisiana
9. U.S.A.
SOCIAL SECURITY NUMBER: 133-18-7779A
USUAL OCCUPATION: Contractor
KIND OF BUSINESS OR INDUSTRY: Building repair
RESIDENCE STREET AND NUMBER: 7717 S. Calumet Av. 14b Chicago
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago
INSIDE CITY: No
COUNTY: Cook
STATE: Ill.

1. DEATH WAS CAUSED BY: (a) ACUTE MYOCARDIAL INFARCTION
(b) HYPERTENSIVE CARDIOMYSCUM DISEASE
(c) HYPERTENSIVE CARDIOMYSCUM DISEASE
IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION
DUE TO OR AS A CONSEQUENCE OF: HYPERTENSIVE CARDIOMYSCUM DISEASE
DUE TO OR AS A CONSEQUENCE OF: HYPERTENSIVE CARDIOMYSCUM DISEASE

18. DEATH WAS CAUSED BY: (a) ACUTE MYOCARDIAL INFARCTION
(b) HYPERTENSIVE CARDIOMYSCUM DISEASE
(c) HYPERTENSIVE CARDIOMYSCUM DISEASE
IMMEDIATE CAUSE: ACUTE MYOCARDIAL INFARCTION
DUE TO OR AS A CONSEQUENCE OF: HYPERTENSIVE CARDIOMYSCUM DISEASE
DUE TO OR AS A CONSEQUENCE OF: HYPERTENSIVE CARDIOMYSCUM DISEASE

19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN (a), (b), and (c):
HYPERTENSIVE CARDIOMYSCUM DISEASE
HYPERTENSIVE CARDIOMYSCUM DISEASE
HYPERTENSIVE CARDIOMYSCUM DISEASE

20. ITEM OF THE DEATH FROM: 200.
21. MONTH, DAY, YEAR: 3-11-81
22. TIME OF DAY: 9:20 P.M.
23. PLACE OF DEATH: 7257 S. Jefferson Blvd Chicago, Ill. 60649

24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CENTER: S. Jeffrey Bud
25. NAME AND ADDRESS OF CENTER: Carter Funeral Chapel
26. NAME AND ADDRESS OF FUNERAL HOME: Carter Funeral Chapel

27. NAME AND ADDRESS OF LOCAL HEALTH DEPARTMENT: CHICAGO DEPT. OF HEALTH
28. NAME AND ADDRESS OF LOCAL HEALTH DEPARTMENT: CHICAGO DEPT. OF HEALTH

29. NAME AND ADDRESS OF LOCAL HEALTH DEPARTMENT: CHICAGO DEPT. OF HEALTH
30. NAME AND ADDRESS OF LOCAL HEALTH DEPARTMENT: CHICAGO DEPT. OF HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAY 1 1 1982
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 IN 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.

CHICAGO DEPT. OF HEALTH
RICHARD J. PALCY, CENTER, ROOM 111
CONCOURSE LEVEL, CHICAGO 60605
DATE REC'D BY LOCAL REGISTRAR: MAR 13 1981

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