

1888 ROOSE AVENUE
EVANSTON, ILL. 60121-3421
TEL 708 460-0000 FAX 708 461-0077



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

CARRIE WINSLOW

being duly sworn

states that I resides at 5028 SO JUSTINE In the City of CHICAGO

That I was acquainted with ARTHUR WINSLOW deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

Legal Description: Lot 62 in Ballin's Subdivision of the SW 1/4 of the SW 1/4 of the NW 1/4 of Section 8, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIW:

That the deceased died 1992, 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 _____

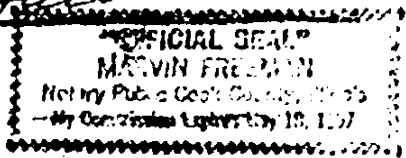
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

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

this 8 day of July, A.D. 19 93

Notary Public



Carrie M. Winslow
(Affiant's Signature)

23.50
M.S

REI TITLE SERVICES # 47-1375

93590497

UNOFFICIAL COPY

Property of Cook County Clerk's Office

93590497



Prepared by
S. Reid
2751 N. Laramie
Chicago IL

Mail to:
LakeSide Bank
141 W. Jackson
Chicago, IL 60604

UNOFFICIAL COPY

STATE OF ILLINOIS REGISTERED NUMBER 620412

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS REGISTERED NUMBER 620412

MAR 09 1993

1 DECEASED NAME: **Arthur Winslow** SEX: **Male** DATE OF DEATH: **November 7, 1992**

2 COUNTY OF DEATH: **Cook** DATE OF BIRTH: **January 28, 1927**

3 CITY, TOWN, TWP OR ROAD DISTRICT NUMBER: **Chicago**

4 MARRIED (YES OR NO): **Married** WIDOWED UNRECORDED (YES OR NO): **No**

5 HOSPITAL OR OTHER INSTITUTION: **Roseland Community Hospital**

6 NAME OF SURVIVING SPOUSE: **Carrie Irene**

7 USUAL OCCUPATION: **Laborer**

8 RACE: **Black**

9 SEX: **Male**

10 DATE OF DEATH: **November 7, 1992**

11 TIME OF DEATH: **12:21 A**

12 PLACE OF DEATH: **Home**

13 CAUSE OF DEATH: **HEPATIC MALIGNANCY
DUE TO CHOLELITHIASIS
DEHYDRATION AND
HYPOTENSION**

14 SIGNATURE OF CERTIFIER: **Dr. S. Shah**

15 NAME AND ADDRESS OF CERTIFIER: **Dr. S. Shah, 9029 S. Western Ave., Chicago, IL 60620**

16 NAME OF ATENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER: **Dr. S. Shah**

17 NAME OF ATENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER: **Dr. S. Shah**

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30 NAME OF ATENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER: **Dr. S. Shah**

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

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.

93550497

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS REGISTERED NUMBER 620412