

UNOFFICIAL COPY

93943901



Commonwealth.
Land Title Insurance Company

RETURN TO BOX 43

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. 47604

LENA BUTLER being duly sworn
states that SHE resides at 3416 W Chicago, Chicago, ILL in the City of
COOK

That SHE was acquainted with FRANCES BUTLER A/K/A MAY FRANCES BUTLER
deceased who, at the time of HER death, was one of the owners of the land in COOK
County, Illinois, described as:

LOT 321 IN DICKEY'S THIRD ADDITION TO CHICAGO IN THE SOUTH EAST 1/4 OF
SECTION 2, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 25-02-422-038
which has the address of 3416 WEST CHICAGO AVE., CHICAGO
Illinois 60651

That the deceased died 11-18-91
certified copy of death certificate of the deceased attached hereto.

as evidenced by a \$23.00
DEPT-91 RECORDINGS
T#9999 TRAN 1761 11/15/93 14:21:00
4916 # *93-943901
COOK COUNTY RECORDER

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 22,000.00 dollars.

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

Subscribed and sworn to before me by the said

Lena Butler

this 10th day of November, A.D. 19 93

Deanna Glans

Notary Public

Lena Butler

(Affiant's Signature)

"OFFICIAL SEAL"
DEANNA GLANS

Notary Public, State of Illinois
My Commission Expires 2/26/94

W 9/17/93 1/2 m
NTI

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UNOFFICIAL COPY

STATE OF MICHIGAN
DEPARTMENT OF HEALTH

OF 10497

CERTIFICATE OF DEATH

STATISTICAL NUMBER
No 0561426

THE PRINT
IN
PERMANENT
BLACK INK

NAME OF REGISTRAR
FRANCIS S. MITCHELL
FOR USE BY OFFICE OF REGISTRATION

1. DECEDENT'S NAME (First Middle Last) FRANCES BUTLER		2. SEX FEMALE	3. DATE OF DEATH (Month Day Year) NOVEMBER 18, 1991
4. AGE - LAST BIRTHDAY (Years) 76	5. UNDER - YEAR MONTHS 10	6. UNDER - DAY HOURS 10	7. DATE OF BIRTH (Month Day Year) MAR. 25, 1915
8. LOCATION OF DEATH (If not place officially pronounced dead in 7a, 7b, 7c) HENRY FORD HOSPITAL		9. PLACE OF DEATH (If not "Home" or "In a Hospital") INPATIENT	10. CITY, VILLAGE OR TOWNSHIP OF DEATH DETROIT
11. SOCIAL SECURITY NUMBER 371-70-0661	12. USUAL OCCUPATION (Give one if not doing during week of death and if not on file) PHARMACIST TECHNICIAN	13. KIND OF BUSINESS OR INDUSTRY PHARMACY	
14. COUNTY OF RESIDENCE - STATE MICHIGAN	15. COUNTY WAYNE	16. LOCALITY (Street and Box and Number) 16223 WOODINGHAM	17. CITY, VILLAGE OR TOWNSHIP OF RESIDENCE DETROIT
18. ZIP CODE 48221	19. POST-OFFICE (City and State of Foreign Country) MINTER, MS.	20. MARRIAGE STATUS (Married, Single, Widowed, Divorced, Annulled) NEVER MARRIED	21. SUPPORTING SPOUSE (If wife, give name, address and telephone; if husband, give name, address and telephone) SPOUSE
22. RACE (Specify if other than White) AFRO-AMERICAN		23. COLOR (Specify if other than White) BLACK	24. DECEASED'S EDUCATION (Specify and attach year completed) 12th
25. FATHER'S NAME (First Middle Last) ROBERT BUTLER		26. MOTHER'S NAME (First Middle Last) LENA THOMAS	
27. DECEASED'S NAME (First Middle Last) LENA BUTLER		28. HOME ADDRESS (Street and Number or Rural Route Number, City or Village Name, ZIP Code) 3016 W. CHICAGO AVE. - CHICAGO, IL. 60651	
29. METHOD OF DEPOSITION (Burial, Cremation, or Other) BURIAL		30. PLACE OF DEPOSITION (Name of Cemetery, Church, or Other Place) UNDEVELOPED MEMORIAL PARK	31. LOCATION - City or Township Name CANTON, MI.
32. SIGNATURE OF FUNERAL SERVICE AGENCY <i>[Signature]</i>		33. LICENSE NUMBER 5001	34. NAME AND ADDRESS OF FACILITY J.W. COLE HOME FOR FUNERALS, INC. 2624 W. GRAND BLVD. DET. MI. 48208
35. PART I - Cause of Death (Specify if temporary and include the word "PROVISIONAL" after the word "Cause" and "due to" and "as a consequence of") INFARCT OF MYOCARDIUM SECONDARY TO THROMBOEMBOLISM			36. APPROVED PERSON (Name, Title and Sign) UNKNOWN
37. PART II - Other significant conditions contributing to death but not judged to be the cause or to have aided in the cause of death NO			38. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (Yes or No) YES
39. USUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance, Street) HOSPITAL		40. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) YES	
41. SIGNATURE OF REGISTRAR <i>[Signature]</i>		42. TIME OF DEATH NOVEMBER 19, 1991 9380-91 IV	
43. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (First Middle Last) LAVING R. DAVIDSON, M.D. ASST. MED. EXAM., 400E. LAFAYETTE, DETROIT, MI 48226		44. LICENSE NUMBER 031045	
45. AGE (Specify if Natural or Accidental) NATURAL		46. DATE OF DEATH (Month Day Year) NOVEMBER 18, 1991	47. TIME OF DEATH 10:42A
48. PLACE OF DEATH (If not "Home" or "In a Hospital") INPATIENT		49. LOCATION - Street or R.F.D. No. City, Village or Township DETROIT	
50. REGISTRAR'S SIGNATURE <i>[Signature]</i>		51. DATE OF DEATH (Month Day Year) NOV 22 1991	



THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THE RECORD OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

[Signature]
GLORIA J. HARPER
REGISTRAR, VITAL RECORDS
DETROIT DEPARTMENT OF HEALTH

NOV 22 1991

DATED

Coleman A. Young, Mayor
City of Detroit