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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

GRACIE THOMPSON

being duly sworn

states that SE resides at: 1120 N PARKSIDE AVENUE in the City of CHICAGO

That SE was acquainted with GRACIE DAVIS

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

LOT 21 AND THE SOUTH 1/2 OF LOT 20 IN BLOCK 2 IN THE NEW SUBDIVISION OF BLOCKS 1, 2, 8, 9, 10 AND 11 OF SALISBURY'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

DEPT-01 RECORDING \$23.50
192222 TRAN 0752 05/24/93 15:39:00
47862 * -93-393011
COOK COUNTY RECORDER

REN - 16-05-406-031

That the deceased died January 26, 1986, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

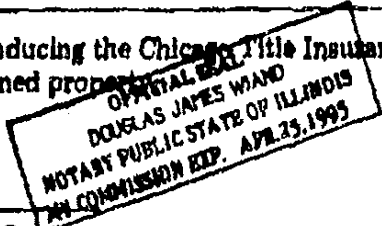
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

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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 30,000 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 14 day of May, A.D. 19 93

Notary Public

Gracie Thompson
(affiant's signature)

23.50

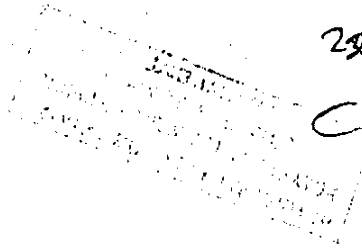
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933393011
T1086886



SMITH LORCHITO Fw.
221 N CASALE ST
CHICAGO ILL 60601
Suite 1300



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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on item 3 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, burials and deaths.

DATE MAR 27 1987 Oak Park, Illinois.

SIGNED

Nancy Haggerty, R.D. J.P.H.
 OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield. County clerks and local registrars are authorized to make reproductions from copies of the original record. The Illinois statute provides that the original of a death record is the property of the Department of Public Health or the local registrar of the county clerk shall be prima facie evidence in all courts of record in Illinois.

REGISTRATION NO. 1624 STATE OF ILLINOIS
 DISTRICT NO. 119 MEDICAL CERTIFICATE OF DEATH 93393011 STATE FILE NUMBER
 DECEASED - NAME GRACIE DAVIS LAST FIRST MIDDLE

1. RACE (WRITE IN BLOCK LETTERS) BLACK AGE (MONTHS, DAYS, HOURS, MINUTES) 52 SEX FEMALE DATE OF BIRTH (MONTH, DAY, YEAR) JAN 22 1935 COUNTY OF DEATH ILLINOIS
 2a. CITY, TOWN, TWP. OR ROAD OF BIRTH (NUMBER) CHICAGO HOSPITAL OR OTHER INSTITUTION - STREET AND CITY, STATE, COUNTY (IF APPLICABLE) WEST SUBURBAN HOSPITAL MEDICAL CENTER
 2b. OAK PARK STATE OF BIRTH (IF NOT IN U.S.A.) ALABAMA CITIZEN OF WHAT COUNTRY U.S.A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) WIDOWED NAME OF SURVIVING SPOUSE (MARRIAGE, DATE, IF WIFE)
 3. SOCIAL SECURITY NUMBER 426 44 9508 9. USUAL OCCUPATION HOME 10. KIND OF BUSINESS OR INDUSTRY HOME 11. RECEIVED EVER (SPECIFY IF YES OR NO) NO 12. WAR OR DATES OF SERVICE

13a. RESIDENCE STREET AND NUMBER 1120 N. PARKSIDE CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO 13b. HOME 13c. COOK 13d. ILLINOIS
 14. FATHER - NAME TIM LEWIS MOTHER - NAME LOZZIE 15. ILLINE

16. HOSPITAL RECORDS? HOSPITAL RECORDS RELATIONSHIP WIFE MARITAL ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) ERIE AT AUSTIN, OAK PARK, ILLINOIS 60302
 17. PATRICIA A. DELL, APRM 17b. ERIE AT AUSTIN, OAK PARK, ILLINOIS 60302

18. DEATH WAS CAUSED BY: CARDIAC PULMONARY ARREST (ENTER ONLY ONE CAUSE PER TIME FOR (a), (b), AND (c))
 PART I. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) DOE TO MASSIVE SUB-ARCHNOIDS (b) DOE TO BRAIN DEATH (c) DOE TO AS A CONSEQUENCE OF
 PART II. OTHER SIGNIFICANT CONDITIONS, CO-EXISTING, CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) 2 DAYS

19. DATE OF OPERATION, IF ANY 206 MAJOR FINDINGS OF OPERATION
 20a. I (a) I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON JANUARY 25 1986 (MONTH, DAY, YEAR) WAS CONDONED BY MEDICAL EXAMINER NOTIFIED (SPECIFY YES OR NO) NO HOUR OF DEATH 6:53A
 20b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR) 1/26/86
 20c. ILLINOIS LICENSE NUMBER 22036-32245

21. 22a. SIGNATURE Robert M. Jarcke, M.D. (TYPE OR PRINT)
 NAME AND ADDRESS OF CERTIFIER
 22b. ROBERT M. JARCKE, M.D., ERIE AT AUSTIN, OAK PARK, ILLINOIS 60302
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BIRTH INFORMATION: CHARACTER OF CREMATORY - NAME 24b. MT GLEN WOOD LOCATION 24c. WILLOW SPRING CITY OF TOWN STATE
 24a. BIRTHAL 24b. MT GLEN WOOD CITY OF TOWN STATE
 24c. WILLOW SPRING CITY OF TOWN STATE
 24d. 1/31/86

25. SMITH & THOMAS FUNERAL HOME 5708 W. MADISON ST CHICAGO IL 60644
 FUNERAL DIRECTOR'S SIGNATURE
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26. LOCAL REGISTRAR'S SIGNATURE [Signature] DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JAN 29 1986
 26a. LOCAL REGISTRAR'S SIGNATURE
 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

VR200 REV. 5/83 ILLINOIS DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE)

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