

UNOFFICIAL COPY

94645721



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

COOK COUNTY RECORDER JESSE WHITE BRIDGEVIEW OFFICE

STATE OF ILLINOIS COUNTY OF

Order No.

PATRICIA A MORRISON

being duly sworn

states that SHE resides at 3837 W 70TH ST in the City of CHICAGO

That SHE was acquainted with BEATRICE D. WYATT

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

LOT 13, IN BLOCK 11, IN W.D. MURDOCK'S MARQUETTE PARK ADDITION, BEING A SUBDIVISION OF THE SOUTH HALF OF THE SOUTHWEST QUARTER OF SECTION 23, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE EAST 50 FEET THEREOF) IN COOK COUNTY, ILLINOIS.

PIN: 19-23-325-008-0000

RECORDING 23.00 MAIL 0.50 94645721 H SUBTOTAL 23.50 CHECK 23.50

That the deceased died 6-23-1994, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

07/20/94

2 PURC CTR 0002 MCH 9:31

- Leaving no Last Will & Testament.
Leaving a Last Will & Testament a copy of which is attached hereto...
Leaving a Last Will & Testament which was filed in the Unproven Will box...

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

PATRICIA A MORRISON

94645721

this 24th day of July, A.D. 19 94

Notary Public

Patricia A. Morrison (affiant's signature)

OFFICIAL SEAL SHEILA A. MCLEAREN NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES 8-17-97



PATRICIA A MORRISON 3837 W 70TH ST CHICAGO, ILL 60629

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 24 1994

I, JOYCE A. BRAWER, MPA, 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.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

94645721

STATE FILE NUMBER

611846

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED-NAME BEATRICE DOROTHEA WYATT		SEX FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) 3 JUNE 23, 1994	
COUNTY OF DEATH COOK		DATE OF BIRTH (MONTH, DAY, YEAR) 56 MARCH 2, 1915		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) HOLY CROSS HOSPITAL	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) HOLY CROSS HOSPITAL		DATE OF BIRTH (MONTH, DAY, YEAR) 3 JUNE 23, 1994	
MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) WIDOWED		NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) NONE		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) HOLY CROSS HOSPITAL	
SOCIAL SECURITY NUMBER 318-22-2729		KIND OF BUSINESS OR INDUSTRY 11b. REGISTERED		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (11 to 12)	
RESIDENCE (STREET AND NUMBER) 3837 W. 70th ST.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		COUNTY COOK	
FACE (WHITE, BLACK, AMERICAN INDIAN, OR ISPANY) 14a. WHITE		INSIDE CITY (YES/NO) 13c. YES		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) HOLY CROSS HOSPITAL	
FATHER-NAME FIRST MIDDLE LAST EDWARD BOWARD		MOTHER-NAME FIRST MIDDLE LAST EVALINA		RELATIONSHIP 16. EVALINA	
INFORMANT'S NAME (TYPE OR PRINT) PATRICIA MORRISON		MAILING ADDRESS (STREET AND NO. OR R.D., CITY OF CHICAGO, ILL. ZIP) 17c. 3837 W. 70th ST. CHICAGO, ILL. 60629		RELATIONSHIP 17b. DGHTR.	
IMMEDIATE CAUSE (Final diagnosis or conclusion resulting in death) (a) ACUTE MYOCARDIAL INFARCTION (b) ACUTE RESPIRATORY FAILURE (c) ACUTE RENAL FAILURE-SEPSIS		OTHER CAUSES (If any conditions contributing to death but not resulting in the underlying cause given in Part II) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF		MORAL FINDINGS OF OPERATION 20b.	
DATE OF OPERATION, IF ANY 06-23-94		HOUR OF DEATH 21c. 10:15A		DATE SIGNED (MONTH, DAY, YEAR) 22b. 06-23-94	
SIGNATURE CHIA M. HUANG, M.D.		ILLINOIS LICENSE NUMBER 22d. 36-45227		DATE OF BIRTH (MONTH, DAY, YEAR) 56 MARCH 2, 1915	
NAME AND ADDRESS OF CERTIFIER CHIA M. HUANG, M.D. 4255 W. 63RD ST. CHICAGO, IL 60629		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CHIA M. HUANG, M.D.		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) HOLY CROSS HOSPITAL	
BURIAL (CREMATION, REMOVAL, ETC.) 24b. BURIAL		CITY OR TOWN CHICAGO		STATE ILLINOIS	
FUNERAL HOME EGAN FUNERAL HOME		STREET AND NUMBER OR R.F.D. 3700 W. 63rd St.		CITY OR TOWN CHICAGO	
FUNERAL DIRECTOR'S SIGNATURE Joyce A. Brower		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-009759		DATE (MONTH, DAY, YEAR) 24c. JUNE 25, 1994	
LOCAL REGISTRAR'S SIGNATURE Joyce A. Brower		DATE (MONTH, DAY, YEAR) 26b. JUN 24 1994		FUNERAL HOME EGAN FUNERAL HOME	