

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

94882274

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

Rosie Lee Thompson

being duly sworn

states that she resides at 14842 So. Seeley in the City of Harvey

That she was acquainted with James B. Russell

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

LOTS 40, 41 AND 42 IN BLOCK 159 IN HARVEY, A SUBDIVISION OF THE SOUTHEAST QUARTER AND THE EAST HALF OF THE SOUTHWEST QUARTER OF SECTION 7 TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF THE INDIAN BOUNDARY LINE, IN COOK COUNTY, ILLINOIS.

Permanent Tax No.: 29-07-374-005, 004, & 005 DEPT-01 RECORDING \$23.50
Commonly known as: 14905 Seeley, Harvey, IL 14004 TRAN 7916 10/14/94 13:18:00
#2944 DW *-94-882274
COOK COUNTY RECORDER

That the deceased died September 13, 1994, 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 Seventy Five Thousand and 00/100 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

Rosie Lee Thompson

this 12 day of October, A.D. 19 94

A. Pamela Michael
Notary Public

OFFICIAL SEAL"
A. Pamela Michael
Notary Public, State of Illinois
My Commission Expires 12/1/94

Rosie Lee Thompson
(affiant's signature)

7350
DW

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8/21/2013

Property of Cook County Clerk's Office

94882274



LEONARD D. WALBERG
ATTORNEY AT LAW
15525 SOUTH PARK
SOUTH HOLLAND, IL. 60473-0160
596-2100

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 6034	REGISTERED NUMBER	DECEASED-NAME James B. Russell	SEX 2. Male	DATE OF DEATH 3. September 13, 1994
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 4. Cook		DATE OF BIRTH 54. October 09, 1901		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Harvey		DATE OF BIRTH 54. October 09, 1901		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Mobile, Alabama		NAME OF SURVIVING SPOUSE (MARRIED NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED) 8a. Never Married		
SOCIAL SECURITY NUMBER 10. 359-07-6649		USUAL OCCUPATION 11a. Laborer		
RESIDENCE (STREET AND NUMBER) 14905 Seeley		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. Central Harvey		
STATE 13a. Illinois		ZIP CODE 131. 60426		
FATHER-NAME 15. N/A		MOTHER-NAME 14b. NO		
INFORMANT'S NAME (TY OR PRINT) 17a. Rosie Lee Thompson		RELATIONSHIP 17b. Guardian		
MIDDLE		MAILING ADDRESS (STREET AND NO OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 17c. 14842 Seeley Harvey, Illinois 60426		
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) CONGESTIVE HEART FAILURE DUE TO, OR AS A CONSEQUENCE OF (b) HYPERTENSION DUE TO, OR AS A CONSEQUENCE OF (c) ORGANIC BRAIN SYNDROME				
18. PART II. Other significant condition contributing to death or not resulting in the underlying cause (print in PART I)				
20b. DATE OF OPERATION, IF ANY 3/19/94				
21a. HOURS OF MY KNOWLEDGE OF DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 11:00 AM - 11:30 AM				
22a. SIGNATURE OF CERTIFIER W. W. Holt				
22b. ADDRESS OF CERTIFIER (TYPE OR PRINT) 17680 S. KEDZIE AVE. FLOOR 2 IL-60629				
22c. ILLINOIS LICENSE NUMBER 036068401				
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 24b. Mt. Glenwood				
24c. CEMETERY OR CREMATORY-NAME 24d. Mt. Glenwood				
24e. STREET AND NUMBER OR P.O. BOX 175 West 159th Street				
24f. CITY OR TOWN, STATE, ZIP Harvey, Illinois 60426				
25b. FUNERAL HOME W.W. Holt Funeral Home				
25c. FUNERAL DIRECTOR'S SIGNATURE W.W. Holt				
25d. LOCAL REGISTRAR'S SIGNATURE Dorothy L. Duvall				
25e. LOCAL REGISTRAR'S SIGNATURE Dorothy L. Duvall				
26a. DATE FILED IN LOCAL REGISTER (MONTH, DAY, YEAR) SEP 13 1994				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS.

DATED **SEP 13 1994** SIGNED *Dorothy L. Duvall* LOCAL REGISTRAR

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Property of Cook County Clerk's Office

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SOUTH HOLLAND, IL 60473-0160
596-2100

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