

UNOFFICIAL COPY



94894461

94100113

TRW Real Estate Loan Services



DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS)

DATE: 10/12/94

COUNTY OF) SS

COMMITMENT NO: 94100113

ANNIE L CLARK being first duly sworn, for the purpose of inducing TRW Title Insurance Company to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 5552 W Adams Chicago, IL 60644
2. That he/she was acquainted with Jim H. Clark who died on OCT: 29 1987, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 - leaving no last will and testament
 - leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/ Estate Tax and Federal Estate Tax purposes does not exceed \$

DEPT-01 RECORDING \$23.00
 T45555 TRAN 7276 10/19/94 13:17:00
 01444 JJ *-94-894461
 COOK COUNTY RECORDER

Annie L. Clark

Affiant's Signature

Subscribed and sworn to before me this 17th day of October 19 94

94894461

Mark J. Zator
Notary Public



Box 14

REGISTRATION NO. 16.10
 DISTRICT NO. 60
 REGISTERED NAME: JIM BLACK
 STREET: HOWARD CLARK
 CITY: CHICAGO
 STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 621187

1. NAME: JIM BLACK
 SEX: MALE
 DATE OF BIRTH: OCTOBER 29, 1927
 PLACE OF BIRTH: CHICAGO, ILLINOIS
 2. OCCASION OF DEATH: LABORER
 3. PLACE OF DEATH: LORETTO HOSPITAL
 4. DATE OF DEATH: SEPTEMBER 18, 1987
 5. TIME OF DEATH: COOK
 6. CAUSE OF DEATH: Arrest
 7. MANNER OF DEATH: Natural

8. DECEASED'S RESIDENCE: 428.54.8365
 9. DECEASED'S OCCUPATION: LABORER
 10. DECEASED'S MARITAL STATUS: MARRIED
 11. DECEASED'S ETHNIC ORIGIN: AMERICAN CAN
 12. DECEASED'S RELIGION: AMERICAN CAN
 13. DECEASED'S EDUCATION: HIGH SCHOOL GRADUATE
 14. DECEASED'S SERVICE: NONE
 15. DECEASED'S SOCIAL SECURITY NUMBER: 5552 W ADAMS

16. DECEASED'S NEXT OF KIN: PATRICIA BERKES
 17. DECEASED'S RELATIONSHIP: SISTER
 18. DECEASED'S ADDRESS: 645 SO CENTRAL CHGO ILL 60644
 19. DECEASED'S CITY: CHICAGO
 20. DECEASED'S STATE: ILLINOIS
 21. DECEASED'S ZIP CODE: 60644

22. DECEASED'S RACE: BLACK
 23. DECEASED'S SEX: MALE
 24. DECEASED'S AGE: 59
 25. DECEASED'S HEIGHT: 5.1
 26. DECEASED'S WEIGHT: 160
 27. DECEASED'S HAIR: BLACK
 28. DECEASED'S EYES: BROWN
 29. DECEASED'S BUILD: MEDIUM

30. DECEASED'S OCCUPATION: LABORER
 31. DECEASED'S INDUSTRY: LABORER
 32. DECEASED'S TRADE: LABORER
 33. DECEASED'S PROFESSION: LABORER
 34. DECEASED'S VOCATION: LABORER
 35. DECEASED'S OCCUPATION: LABORER

36. DECEASED'S SIGNATURE: JIM BLACK
 37. DECEASED'S ADDRESS: 428.54.8365
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STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

I, LORNAE C. EDWARDS M.D. M.P.H., 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH CITY OF CHICAGO