



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

Nina Garner

being duly sworn

states that she resides at 3034 West Taylor Street in the City of Chicago

That she was acquainted with Roosevelt Garner deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 35 in Block 4 in Ash and Seaverns Subdivision of Block 4 in Pipers Subdivision of the South 45 acres of the West one half of the South West quarter, Section 13, Township 39 North, Range 13, East of the Third Principal Meridian.

P. I. N. # 16-13-317-032

94897445

This property is commonly known as 3034 West Taylor St, Chicago, IL 60612.

That the deceased died March 21, 1994 as evidenced by a certified copy of death certificate of the deceased attached hereto. DEPT-01 RECORDING \$23.50 T#2222 TRAK 9977 10/20/94 12:30:00 #3385 + KB 4-94-897445

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 \$50,000.00 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 20th day of Oct, A.D. 1994

[Signature] Notary Public



[Signature] (affiant's signature)

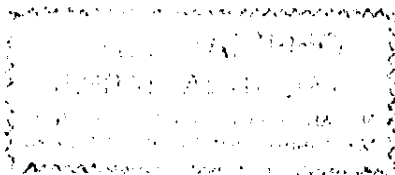
2350

UNOFFICIAL COPY

Property of Cook County Clerk's Office



NINA GARNER
3034 W. TAYLOR ST.
CHICAGO IL 60612



MEDICAL CERTIFICATE OF DEATH

605576

FIRST MIDDLE LAST EVELT GARNER		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 MAR. 21, 1994
AGE - LAST BIRTHDAY (YRS) MONTH DAY 58 80	UNDER 1 DAY UNDER 1 DAY HOURS MIN. SEC.	DATE OF BIRTH (MONTH DAY YEAR) 5d OCT. 20, 1913	
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER GIVE STREET AND NUMBER) 6b. SACRED HEART HOSPITAL		IF HOSP. OR INST. INDICATE D.O.A. OF PATIENT (IF PATIENT IS PRECEPT) 6c. IN-PATIENT	
MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 8a. WIDOWED		WAS CEASED EVER BY U.S. ARMED FORCES? (YES-NO) 9. NO	
USUAL OCCUPATION 11a. RETIRED		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	
NO. AND NUMBER 1567	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. CHICAGO	COUNTY 13a. COOK	
ZIP CODE 131. 60612	RACE (WRITE "BLACK AMERICAN" IF HISPANIC ORIENT) (SPECIFY RACE) 14a. BLACK	INSIDE CITY (YES-NO) 13c. YES	
FIRST MIDDLE LAST E. VEGA	MOTHER - NAME FIRST MIDDLE LAST 16. BETTIE BOOKER	14b. MRS. <input type="checkbox"/> YES <input type="checkbox"/> NO SPECIFY: MIDDLE LAST (MOTHER) LAST	
REPRESENTING MAILING ADDRESS (STREET CITY STATE ZIP) 17b. CLERK 173240 W. FRANKLIN BLVD. 60624		14c. YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
ENTER THE CAUSE(S) OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE(S) OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. (a) PNEUMONIA (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		ALTOPS (MESSAGE) TO 19. NO	
MAJOR FINDINGS OF OPERATION 20b.		10. FEMALE: WAS THERE A PREGNANCY IN PAST 1 YEAR MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DATE OF DEATH (MONTH DAY YEAR) 3/21/94		HOUR OF DEATH 21c. 10:15 P. M.	
DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. S. Brayer, Chicago, IL 60612		DATE SIGNED (MONTH DAY YEAR) 22b. 3/22/94	
CERTIFIER (TYPE OR PRINT) N. F. O'NEILL, CHICAGO, IL 60612		ILLINOIS LICENSE NUMBER 22c. 36-50720	
SIGNING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN ALIEN WAS INVOLVED IN THIS DEATH THE COMPLEXOR OR MEDICAL EXAMINER MUST BE NOTIFIED.	
COURT OR CREMATORY - NAME 24MT GLENWOOD	CITY OR TOWN 24c. WILLOW, SPRING, ILL	STATE 24d. ILL	DATE (MONTH DAY YEAR) 24e. March 25, 94
STREET AND NUMBER OR R.F.D. COLONIAL FUNERAL HOME 5345 W. MADISON, ST CHICAGO, IL 60644		FURNERAL DIRECTOR'S LICENSE NUMBER 26c. 031-008775	
SIGNATURE Joyce A. Branner		DATE FILED (MONTH DAY YEAR) MAY 22 1994	

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JOYCE A. BRANNER, 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.

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