

DEPT-11

\$23.

DECEASED JOINT TENANCY AFFIDAVIT

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#934 # AF *-94-93228

COOK COUNTY RECORDER

STATE OF ILLINOIS
COUNTY OF COOK ss.

Order No. GIT 4173040

MARGARET BOLTON GAY

being duly sworn

states that she resides at 10741 South Lowe in the City of Chicago

That she was acquainted with CHARLES BOLTON

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

Lot 15
IN BLOCK ONE (1), IN TENINGA BROS. AND CO.'S SIXTH (6TH) BELLEVUE ADDITION TO ROSELAND, BEING A SUBDIVISION OF LOTS 36 AND 37 (EXCEPT THE WEST 174 FEET THEREOF) IN SCHOOL TRUSTEES SUBDIVISION OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NO. 25-16-303-015 Vol. 459

PROPERTY COMMONLY KNOWN AS 10741 South Lowe, Chicago, Illinois 60628

That the deceased died JANUARY 22, 1990, 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 TWENTY THOUSAND (\$20,000.00) 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

this 17th day of Oct, A.D. 19 94

Sabana Kim
Notary Public

Margaret Bolton Gay
(Affiant's Signature)

"OFFICIAL SEAL"
SABANA KIM
Notary Public, State of Illinois
My Commission Expires 7/1/98

23.00
DAM

UNOFFICIAL COPY

DAVID D. ORR, County Clerk
I, County Clerk of the County of Cook in the State of Illinois, do hereby certify that the attached is a true and correct copy of the original Record on file in my office.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, Illinois, in said County.

David D. Orr
County Clerk

<input checked="" type="checkbox"/> PERMANENT CERTIFICATE <input type="checkbox"/> TEMPORARY CERTIFICATE	REGISTRATION DISTRICT NO <u>16, 2</u>	MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH	
	REGISTERED NUMBER	<u>587 Jan 90</u>	<u>90-005810</u>
DECLASED NAME <u>CHARLES E. BOLTON</u>		SEX <u>MALE</u>	DATE OF DEATH <u>1-27-90</u>
CITY OF DEATH <u>Cook</u>		AGE - LAST BIRTHDAY <u>45</u>	DATE OF BIRTH <u>April 27, 1944</u>
CITY, TOWN OR ROAD DISTRICT NUMBER <u>La Grange</u>		HOSPITAL OR OTHER INSTITUTION WHERE DEATH OCCURRED <u>Christ Hosp</u>	
MARRIAGE STATUS <u>Married</u>		NAME OF SPOUSE <u>Margaret Wortham</u>	
SOCIAL SECURITY NUMBER <u>431-80-9190</u>		USUAL OCCUPATION <u>Self Employed</u>	
RESIDENCE STREET AND NUMBER <u>10941 S. Law</u>		CITY, TOWN OR ROAD DISTRICT NO <u>Chicago</u>	
STATE <u>Ill</u>		RACE <u>Black</u>	
FATHER <u>Robert Bolton</u>		MOTHER <u>Sarah Patton</u>	
FATHER'S ADDRESS <u>Chicago Ill</u>		MOTHER'S ADDRESS <u>Chicago Ill</u>	
MANNER OF DEATH <u>Murder</u>		MURDER CASE NO. <u>94932284</u>	
CONDITIONS OF ANY WOUND OR INJURY WHICH GAVE RISE TO IMMEDIATE CAUSE OF DEATH			
PLACE OF DEATH <u>No</u>		LOCATION OF DEATH <u>Street</u>	
CERTIFY THAT IF ANY CORPSE REMAINS UNEXAMINED UNDER THE PROVISIONS OF CHARTER OCCURRED ON THE DATE AND PLACE AND OBEY TO THE CHARTER SEATED AND THAT			
SIGNATURE OF PHYSICIAN <u>Robert H. Kirschner</u>		DATE <u>1/27/90</u>	
NAME OF PHYSICIAN <u>ROBERT H. KIRSCHNER, M.D.</u>			
SIGNATURE OF CORONER <u>James Heath</u>		DATE <u>2/3/90</u>	
NAME OF CORONER <u>JAMES L. SCOTT, M.D.</u>			
SIGNATURE OF REGISTRAR <u>James Heath</u>		DATE <u>January 30, 1990</u>	
NAME OF REGISTRAR <u>JAMES L. SCOTT, M.D.</u>			

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