

# UNOFFICIAL COPY

TO BE FILED WITH:

## (Deceased) JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

ORDER NO. \_\_\_\_\_

DATE: 11-17-94

MARY A. JOHNSON, hereinafter referred to as the affiant deposes and states that the affiant resides at 839 N. LARAMIE in the City of CHICAGO;

That the decedent at the time of his/her death was one of the owners of the property in COOK County, Illinois, legally described as follows:

Lot 38 in Block 3 in Hogenson and Schmidt's Addition to Linden Park, being a subdivision of the West 1/2 of the Southwest 1/4 of Southeast of Section 4, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 16-04-423-006

CIKIA. 339 N. Laramie Ave., Chicago

94989413

DEPT-01 RECORDING \$23.50  
T#1111 TRAN 7117 11/22/94 15:02:00  
#9859 + CG \* -94-989413  
COOK COUNTY RECORDER

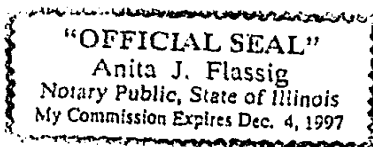
That said decedent died on 6-14-94 leaving ~~no~~ a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 25,000.00;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

REAL ESTATE INDEX

That the affiant makes this affidavit to induce ~~TICOR FILE~~ INSURANCE COMPANY to issue its Policy of Title Insurance on the above described property.



Signature Mary Johnson

SUBSCRIBED AND SWORN TO before me this 17th day of NOVEMBER, 1994 a Notary Public in and for said State and County.

Anita J. Flassig

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

\*\* TOTAL PAGE.002 \*\*

Prepared by: Anita J. Flassig

Mail to: Heritage Bank  
3737 W. 147th St.  
Midlothian, IL 60445



935000

1092

RE TITLE SERVICES # R11-1216U (130253)

94989413

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Property of Cook County Clerk's Office

94389413

STATE FILE NUMBER 94980413

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10 REGISTERED NUMBER

DECEASED - NAME FIRST MIDDLE LAST: ELIJAH JOHNSON M

COURTY OF DEATH: Cook

AGE - LAST BIRTHDAY (M/D/Y): 58/59

DATE OF DEATH (MONTH/DAY/YEAR): JUNE 14, 1994

HOSPITAL OR OTHER INSTITUTION: Lorella Hospital

NAME OF SURVIVING SPOUSE: Inpatient

USUAL OCCUPATION: Truck Driver

CITY, TOWN, TWP, OR ROAD DISTRICT NO: Chicago

STATE: Illinois

RACE: Black

RELATIONSHIP: Mable

DEATH CERTIFICATE NO: 60651

DATE OF OPERATION: 6-14-94

CAUSE OF DEATH: (a) TERMINAL LUNG CANCER (b) SECONDARIES IN LUNG (c) PLEURAL EFFUSION

DATE OF DEATH (MONTH/DAY/YEAR): 11-49

TIME OF DEATH: 11:49 P.M.

SIGNATURE: Smita Shah

ADDRESS OF CERTIFIER: 5650 W. Madison

DATE SIGNED: 6-15-94

ALMOST LICENSE NUMBER: 036060462

DATE: 24th Jun 22, 1994

CITY: Hillside

STATE: Illinois

CITY OF ILLINOIS: Chicago

REGISTRATION DISTRICT NO: 16.10

REGISTERED NUMBER: 034-012004

DATE OF DEATH (MONTH/DAY/YEAR): JUN 17 1994

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JUN 17 1994

I, JOYCE A. BRAWNER, 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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