

UNOFFICIAL COPY



Commonwealth.
Land Title Insurance Company

91283080
91283080

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

vs.

Order No. 50152

BETTY ANN CAMPBELL being duly sworn
states that SHE resides at 8632 S. WOLCOTT in the City of
CHICAGO

That SHE was acquainted with ERNEST W. CAMPBELL

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

LOT 43 AND THE NORTH 1/4 FEET OF LOT 44 IN BLOCK 8 IN FRANK N. GAGES ADDITION
TO ENGLEWOOD HEIGHTS, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4
(EXCEPT THE WEST 20 ACRES THEREOF) IN SECTION 31, TOWNSHIP 38 NORTH, RANGE 14,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAX#20-31-424-031-0000.

DEPT-01 RECORDING \$23.50
I90011 TRAN 0895 03/29/94 13:43:00
6060-240104 -94-283080
COOK COUNTY RECORDER

That the deceased died ON 10-5-89, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

91283080

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is ^{Not} attached hereto. The original of the
unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of
Cook 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 \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Commonwealth Land Title Insurance
Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

AFFIANT

this 22 day of MARCH, A.D. 19 94

Debra L. O'Shaughnessy
Notary Public

Betty Ann Campbell
Affiant's Signature

OFFICIAL SEAL
Debra L. O'Shaughnessy
Notary Public, State of Illinois
My Commission Expires _____

FORM 3032

MAIL TO: BETTY A. CAMPBELL
8632 S. WOLCOTT
CHICAGO, IL 60620

Inv 50152 C.W. 1992

23.50 (2)

UNOFFICIAL COPY

OCT 10 1989
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

L. JAMES W. MASTERTSON, M.P.H., ACTING 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.

94283080

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

STATE OF ILLINOIS
REGISTERED NUMBER 619194

MEDICAL CERTIFICATE OF DEATH

REGISTRAR DISTRICT NO 1610
REGISTERED NUMBER

1. DECEASED - NAME Ernest William Campbell	SEX Male	DATE OF DEATH October 5, 1989
2. COUNTY OF DEATH Cook	AGE - JUST BIRTHDAY 58 68	DATE OF BIRTH August 18, 1921
3. CITY, TOWN, TRIP, OR POST OFFICE NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION - NAME AND STREET ADDRESS AND NUMBER Michael Rezza Hospital	IF COPIED FROM REGISTERED COPY, INDICATE BY CHECKING THIS SPACE 60 Inpatient
4. MARRIED (SEVERAL TIMES) Draw, Miss	NAME OF SURVIVING SPOUSE Betty A. Currie	ALL OTHER DEPENDENTS - NAME AND STREET ADDRESS AND NUMBER 5 Yes
5. SOCIAL SECURITY NUMBER 10410-24-2967	USUAL OCCUPATION Machinist	EDUCATIONAL ATTAINMENT High School
6. RESIDENCE STREET AND NUMBER 8632 South Wolcott	CITY, TOWN, OR SUBURBAN DISTRICT Chicago	COUNTY Cook
7. STATE Illinois	RACE AND COLOR Black	RESIDE IN THIS CITY Yes
8. FATHER'S NAME Ernest Campbell Sr.	RELATIONSHIP Wife	DECEASED'S SEX Male
9. REPORTANT'S NAME Betty Campbell	RELATIONSHIP Wife	DECEASED'S ADDRESS - STREET, ROOM OR BOX NUMBER, CITY, STATE, ZIP CODE 8632 S. Wolcott Chicago, Ill. 60620
10. ICD-9 CODE 202	ICD-9 CODE 202	ICD-9 CODE 202
11. CAUSE OF DEATH (a) Cardiac Arrhythmia (b) Arteriosclerotic Heart Disease (c) Renal Failure; Diabetes Mellitus	DEATH IN MINUTES Minutes	DEATH IN YEARS Years
12. DATE OF OPERATION October 5, 1989	OPERATION Renal Failure; Diabetes Mellitus	DATE OF DEATH October 5, 1989
13. SIGNATURE Susan H. Holt, M.D.	NAME AND ADDRESS OF CERTIFIER Lake Shore Drive at 31st. Street Chicago, Illinois 60616	DATE AND ADDRESS OF DEATH October 5, 1989
14. BURIAL PLACE Lincoln	CITY OF BURIAL Chicago, Illinois	DATE AND ADDRESS OF DEATH October 5, 1989
15. FUNERAL HOME Gallings Chapel Inc.	STREET AND NUMBER 10433 S. Halsted Chicago, Illinois 60628	DATE AND ADDRESS OF DEATH October 5, 1989
16. LOCAL REGISTRAR'S SIGNATURE James W. Mastertson	CITY REGISTRAR'S SIGNATURE Susan H. Holt	DATE AND ADDRESS OF DEATH October 5, 1989

STATE OF ILLINOIS
REGISTERED NUMBER 619194