

95060279

SMS

# UNOFFICIAL COPY

95411039

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

MAYDENE DAVIS being duly sworn states that he/she resides at 637 N. LAWNDALE AVE., CHICAGO, IL 60624-

That he/she was acquainted with MAMIE WHITE, deceased who, at the time of his/her death, was one of the owners of the land in COOK County, Illinois, described as: LOT 40 IN THE SUBDIVISION OF BLOCK 7 IN MORTON AND OTHERS SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. # 16-11-116-008

That the deceased died Feb 8, 1986, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- . DEPT-01 RECORDING \$23.00
- . T#0001 TRAN 8596 06/26/95 15:38:00
- . #3211 + CG \*-95-411039
- . COOK COUNTY RECORDER
- . DEPT-10 PENALTY \$20.00

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 \_\_\_\_\_

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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.

Maydene Davis \_\_\_\_\_ 06/21/95  
MAYDENE DAVIS

Subscribed and sworn to before me this 21st day of June, 1995.

Jeffrey D. Wood  
NOTARY PUBLIC

" OFFICIAL SEAL "  
JEFFREY D. WOOD  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 4/25/99

Box 14

2300  
2000

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4/11/2011

Property of Cook County Clerk's Office

95411039

REGISTRATION DISTRICT NO. 16.10  
MEDICAL CERTIFICATE OF DEATH  
STATE OF ILLINOIS  
602945

DECEASED NAME: NAME: MAMIE  
FIRST: MAMIE LAST: WHITE  
SEX: FEMALE  
DATE OF DEATH: FEB 8 1986  
COUNTY OF DEATH: COOK  
DATE OF BIRTH: JAN 12 1905  
CITY OF BIRTH: CHICAGO  
RACE: BLACK  
HOSPITAL OR OTHER INSTITUTION: ST. ANNES HOSPITAL  
PLACE OF DEATH: INPATIENT

1. MARRIAGE: NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
10. WIDOWED  
2. CITIZENSHIP: USA  
3. USUAL OCCUPATION: RETIRED WIFE  
4. SOCIAL SECURITY NUMBER: 429-22-1199  
5. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): NONE  
6. NAME OF BUSINESS OR INDUSTRY: HOME  
7. DATE OF SERVICE: NONE  
8. DATE OF DEATH: NONE

9. RESIDENCE: 637 N. LAUNDALE CHICAGO ILLINOIS  
10. CITY, TOWN, OR VILLAGE: CHICAGO  
11. COUNTY: ILLINOIS  
12. FATHER: LOUIS HARRIS  
13. MOTHER: ARTICIFIAL HARRIS  
14. RELATIONSHIP: MARRIED  
15. ADDRESS: 4950 W. THOMAS ST. CHICAGO ILLINOIS

16. DEATH CAUSED BY: (check only one cause per line (a), (b), and (c))  
17. CALVIN HARGROVE  
18. DEATH CAUSED BY: (check only one cause per line (a), (b), and (c))  
19. CAUSE OF DEATH: Cardio-pulmonary arrest  
20. OTHER SIGNIFICANT CONDITIONS: Probable cyclic shock  
21. OTHER SIGNIFICANT CONDITIONS: Right lower lobe pneumonia  
22. OTHER SIGNIFICANT CONDITIONS: Dilated mitralis

23. DATE OF OPERATION: 2-8-86  
24. HOUR OF DEATH: 1:29 P  
25. DATE SIGNED: 2-8-86  
26. ILLINOIS LICENSE NUMBER: 036004807

27. SIGNATURE: ELIZABETH WAZON  
28. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): ELIZABETH WAZON, M.D., DIVISION, CHICAGO  
29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): ELIZABETH WAZON, M.D., DIVISION, CHICAGO

30. LOCAL REGISTRATION: CAPFIED MEN-CHAPEL, 3409 W. MADISON, CHICAGO ILLINOIS  
31. LOCAL REGISTRATION: CAPFIED MEN-CHAPEL, 3409 W. MADISON, CHICAGO ILLINOIS  
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ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
March 15, 1989  
I, LORRAE C. EDWARDS M.D., M.P.A., 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.

LOCAL REGISTRAR

95411039

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

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