

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }  
COUNTY OF \_\_\_\_\_ } HR.

ORDER NO. 57442576  
DATE: \_\_\_\_\_

HERBERT JONES, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 8516 S BISHOP ST in the City of CHICAGO

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

LOT 8 IN BLOCK 2 IN TEMPLETON'S SUBDIVISION OF THE NORTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 32, TOWNSHIP 18 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

23.00  
20.00  
43.00

- DEPT-01 RECORDING \$23.00
- 140012 TRAN 5/56 08/10/95 09:31:00
- 40153 & JM \*-95-528325
- COOK COUNTY RECORDER
- DEPT-10 PENALTY \$20.00

20-32-317-029  
That he was acquainted with Barbara A. Jones deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described above.

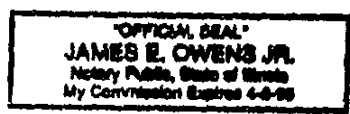
That said decedent died on 10-21-92 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 50,000.00

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

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

Signature Herbert Jones



SUBSCRIBED AND SWORN TO before me this 26<sup>TH</sup> day of July, 1995 a Notary Public in and for said State and County.  
James E. Owens

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.

### BOX 333-CTI

95528325

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Property of Cook County Clerk's Office

95525325

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO <b>16:53</b>	REGISTERED NUMBER <b>791</b>	DECEASED-NAME <b>Barbara A. Jones</b>	SEX <b>Female</b>	DATE OF DEATH <b>Oct. 21, 1992</b>
CITY OF DEATH <b>Cook</b>		DATE OF BIRTH <b>Jan. 05, 1932</b>		
CITY/TOWN/TWP OR ROAD DISTRICT NUMBER <b>Evergreen Park</b>		HOSPITAL, ORDER, INSTITUTION, NAME IF NOT EITHER ONE STREET AND NUMBER <b>Little Company of Mary</b>		
BIRTHPLACE (CITY AND STATE) <b>Chicago, Ill.</b>		NAME OF SURVIVING SPOUSE AND NAME OF SPOUSE <b>Herbert Jones</b>		
SOCIAL SECURITY NUMBER <b>340-24-3384</b>		EDUCATION (SCHOOL, COLLEGE, UNIVERSITY, etc.) <b>High School Graduate</b>		
RESIDENCE STREET AND NUMBER <b>8516 S. Bishop</b>		CITY/TOWN/TWP OR ROAD DISTRICT NO <b>Chicago</b>		
STATE <b>Illinois</b>		COUNTY <b>Cook</b>		
FATHER'S NAME (FIRST, MIDDLE, LAST) <b>Oscar Jones</b>		(MOTHER'S) LAST <b>(Steedghill)</b>		
INFORMANT'S NAME (TYPE ON PRINT) <b>Herbert Jones</b>				
17a Husband's Name <b>Herbert Jones</b>				
18 PART I Enter the cause or causes that caused the death. Do not check the boxes if they are not applicable. List only one cause on each line. <b>(a) LUVA Syndrome</b> <b>(b) DUE TO OR AS A CONSEQUENCE OF</b> <b>(c) DUE TO OR AS A CONSEQUENCE OF</b>				
PART II - Other significant findings contributing to death but not included in the underlying cause given in PART I <b>MAJOR FINDINGS OF OPERATION</b>				
DATE OF OPERATION IF ANY <b>10/19/92</b>				
19b (a) AUTOPSY PERFORMED <b>NO</b>				
19c (b) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>NO</b>				
20b (c) HOUR OF DEATH <b>8:30 PM</b>				
20c (d) DATE SIGNED <b>10/23/92</b>				
21 (e) SIGNATURE AND ADDRESS OF CERTIFIER <b>M. C. BERGER, M.D. 9831 S. WILSON</b>				
22 (f) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>M. C. BERGER, M.D. 9831 S. WILSON</b>				
23 (g) BIRTHPLACE (CITY AND STATE) <b>Chicago, Illinois</b>				
24 (h) STREET AND NUMBER OF FUNERAL HOME <b>Golden Gate, E.H., 2036 West 79th St., Chicago, Illinois 60620</b>				
25 (i) LOCAL REGISTRAR'S SIGNATURE <b>Ernest Edwards</b>				
26 (j) DATE OF DEATH <b>OCTOBER 23, 1992</b>				

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE OCTOBER 26, 1992  
AT EVERGREEN PARK, ILLINOIS

REGISTRAR Annette Thomas  
DEPUTY REGISTRAR \_\_\_\_\_

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