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COOK COUNTY RECORDER

FOR RECORDER'S OFFICE USE ONLY

DESCRIPTION OF ATTACHED INSTRUMENT:

Deceased Joint Tenancy Affidavit

PREPARER:

Whempora Gilmore 9423 S. ST. Lawrence Chicago IL 60619

DATE OF INSTRUMENT: October 30 1995

Whempora Gilmore 9423 S. ST. Lawrence Chicago IL 60619



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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

Whempora Gilmore being duly sworn
states that I resides at 9423 S. St. Lawrence Av. in the City of
Chicago IL

That I was acquainted with Robert Gilmore Sr.
deceased who, at the time of his death, was one of the owners of the land in _____
County, Illinois, described as:

North Half (1/2) of Lot Thirty Nine (39)
and 1/2 of Lot Forty (40)

In Block Seven (7) in the Subdivision by the Calumet and Chicago Canal and Dock Company, known as
"Burnside" said Subdivision being in the Southeast Quarter (1/4) of the Southeast Quarter (1/4) of Section
3 (except part conveyed to Railroads) and all of the South Quarter (1/4) of the West Half (1/2) of Section 2
West of Illinois Central Railroad and North of a "Y" connecting the Illinois Central and Chicago and
Western Indiana Railroad, in Town 37 North, Range 14, East of the Third Principal Meridian.

25-03-431-01040000

That the deceased died 4-7-1980, 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 _____ 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.

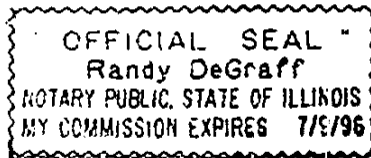
Subscribed and sworn to before me by the said

Whempora Gilmore

this 30th day of Oct, A.D. 19 85

Randy DeGraff
Notary Public

Whempora Gilmore
(Affiant's signature)



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Certified Copy of a Death Record
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DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 1692		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 443		MEDICAL CERTIFICATE OF DEATH					
1. DECEASED - NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. Robert		William	Gilmore	2. Male	3. April 7, 1980		
4a. Black		4b. American	5a. 54	5b. 54	5c. 54	6. July 3, 1925	7a. COOK
7b. PROVISO TOWNSHIP		7c. VETERANS ADML. HINES, ILL. 60141				7d. Inpatient	
8. Mississippi		9. U. S. A.		10. Married		11. Whemora Ward	
12. 351-14-5241		13a. Machinist		13b. General Motors		13c. World War 2	
14a. 9423 S. St. Lawrence		14b. Chicago		14c. Yes		14d. Cook	
15. Russell		Gilmore		15. Millie		Clifton	
17a. Kathryn Brown		Details Clerk		17b. Hospital		17c. VETERANS ADML. HINES, ILL. 60141	
18. DEATH WAS CAUSED BY:		(ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. IMMEDIATE CAUSE		(a) Septicemia (Pseudomonas)				Unknown	
CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) 95737827					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (c)		Severe Patchy Atherosclerosis				19a. Yes 19b. Yes	
20a. 1-18-80		20b. Disarticulation		20c. Debridement of Right Hip and			
21a. July 23, 1979		21b. April 7, 1980		21c. April 7, 1980		21d. 10:15A M.	
22a. Signature: <i>Joan E. Jennings, M.D.</i>		22b. April 8, 1980				22c. 22036-4303cp	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIED (TYPE OR PRINT)		NOTE: IF AN NURSE WAS INVOLVED IN THIS DEATH THE COMMISSIONER MUST BE NOTIFIED.					
24a. Burial		24b. Cedar Park		24c. Chicago, IL		24d. Apr. 11, 1980	
25a. Stonecrest Funeral Home		25b. 2122 W. 79th. St.		25c. Chicago, IL.		25d. 60630	
26a. Don Provensano		26b. Forest Park, Illinois 60130		26c. April 8, 1980			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 3 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 **APR 8 1980** SIGNED *Don Provensano*
 AT **FOREST PARK, ILLINOIS 60130**, Illinois, OFFICIAL LOCAL REGISTRAR OF VITAL STATISTICS.

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death is not to be a substitute for the original record of the death.

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