

# UNOFFICIAL COPY

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## DECEASED JOINT TENANCY AFFIDAVIT

95749402

STATE OF ILLINOIS )  
 )  
 COUNTY OF COOK ) ss.

JERRI PHILLIPS, being duly sworn, states that she resides at 1230 South 19th Avenue, Maywood, Illinois 60153.

DEPT-01 RECORDING \$23.50  
 T#5555 TRAN 0374 11/02/95 10:17:00  
 \$3400 # JJ \*-95-749402  
 COOK COUNTY RECORDER

That she was acquainted with WILLIE J. HALL, deceased, who, at the time of his death, was one of the owners of the land in Cook County, Illinois, commonly known as 1230 South 19th Avenue, Maywood Illinois, 60153 and further described as follows:

DEPT-10 PENALTY \$20.00

THE NORTH 20 FEET OF LOT 22, ALL OF LOT 23 AND THE SOUTH 8-1/3 FEET OF LOT 24, IN BLOCK 3 IN JAMES H. WALLACE'S ADDITION TO MAYWOOD, IN SECTION 15, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index No.: 15-15-110-003-0000

That the deceased died July 13, 1989, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois subsequent to July 13, 1989.

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 \$70,000.00.

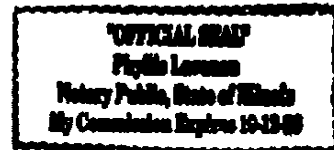
*Jeri Phillips*  
 JERRI PHILLIPS

95749402

Subscribed and sworn to before me this 7<sup>th</sup> day of September, 1995.

*Chyllis Luvonau*  
 NOTARY PUBLIC

Prepared by:  
 VINCENT C. MACHROLI  
 LAW OFFICES OF MACHROLI & DOERR  
 101 North Wolf Road  
 Hillside, Illinois 60162  
 708-449-7400



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Property of Cook County Clerk's Office

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# UNOFFICIAL COPY of a Death Record

<b>REGISTRATION DISTRICT NO.</b>	<b>16.92</b>	<b>STATE OF ILLINOIS</b>	<b>STATE FILE NUMBER</b>
<b>REGISTERED NUMBER</b>	<b>1088</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>	
<b>DECEASED—NAME</b> FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)			
1. <b>WILLIE J. HALL</b> 2. <b>MALE</b> 3. <b>JULY 13 1989</b>			
<b>COUNTY OF DEATH</b>			
<b>COOK</b>			
<b>AGE—LAST BIRTHDAY (MM DD)</b>		<b>UNDER 1 YEAR</b>	<b>UNDER 1 DAY</b>
4. <b>75</b>		Mo. <b>DAVE</b>	Mo. <b>HRS.</b>
<b>CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER</b>		<b>HOSPITAL OR OTHER INSTITUTION—NAME IF NOT IN EITHER, GIVE STREET AND NUMBER</b>	
5. <b>HAWK TOWNSHIP</b>		6. <b>VETERANS ADM. HINES, IL 60141</b>	
<b>BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)</b>			
7. <b>YORKIN, TEXAS</b>			
<b>MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)</b>		<b>NAME OF SURVIVING SPOUSE (MARRIED, NEVER MARRIED)</b>	
8. <b>MARRIED</b>		9. <b>JELESTRA W. WOOTEN</b>	
<b>SOCIAL SECURITY NUMBER</b>			
10. <b>451-16-1706</b>			
<b>USUAL OCCUPATION</b>		<b>KIND OF BUSINESS OR INDUSTRY</b>	
11. <b>ASST. PRINCIPAL</b>		11b. <b>SCHOOL</b>	
<b>RESIDENCE (STREET AND NUMBER)</b>		<b>CITY, TOWN, OR ROAD DISTRICT NO.</b>	<b>INSIDE CITY (YES NO)</b>
13a. <b>1230 S. 19th AVE</b>		13b. <b>HAYWOOD</b>	13c. <b>5*</b>
<b>STATE</b>		<b>EP CODE</b>	<b>RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)</b>
13a. <b>ILLINOIS</b>		13b. <b>60153</b>	14. <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>YES</b> SPECIFY:
<b>PATRIAL NAME</b> FIRST MIDDLE LAST		<b>MOTHER—NAME</b> FIRST MIDDLE LAST	
15. <b>WILL HALL</b>		16. <b>MAMIE SHELVIN</b>	
<b>REPORTANT'S NAME (TYPE OR PRINT)</b>		<b>RELATIONS TO DECEASED</b>	
17. <b>FERNANDO L. RIVERA, A.A.</b>		17b. <b>HOSPITAL RECORDS</b>	
18. <b>PART I</b> (See the directions on the reverse of this certificate for instructions on the death certificate.)		19. <b>VETERANS ADM. HINES, IL 60141</b>	
<b>Immediate Cause (Final disease or condition resulting in death)</b>			
(a) <b>SQUAMOUS CELL CARCINOMA OF BOTH LUNGS WITH</b>			
(b) <b>BRAIN METASTASES.</b>			
(c) <b>UNKNOWN</b>			
<b>CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.</b>			
25749402			
<b>PART II</b> (See directions on the reverse of this certificate for instructions on the death certificate.)			
<b>DATE OF OPERATION, IF ANY</b>		<b>MAJOR FINDINGS OF OPERATION</b>	
20a.		20b.	
21. <b>JULY 13, 1989</b>			
<b>WAS CORNER OR MEDICAL EXAMINER NOTIFIED (YES NO)</b>		<b>HOUR OF DEATH</b>	
21a. <b>NO</b>		21c. <b>11:00 PM</b>	
<b>TO THE BEST OF YOUR KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.</b>		<b>DATE SIGNED</b> (MONTH DAY YEAR)	
22. <b>7-14-89</b>		22b. <b>3645034</b>	
<b>SIGNATURE OF CERTIFIER</b>		<b>ILLINOIS LICENSE NUMBER</b>	
22a. <b>[Signature]</b>		22c. <b>3645034</b>	
<b>NAME AND ADDRESS OF CERTIFIER</b>		<b>NOTE: IF AN ANATOMY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.</b>	
22c. <b>VETERANS ADM. HINES, IL 60141</b>			
<b>NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)</b>			
23.			
<b>BURIAL, CREMATION, REINTERMENT (SPECIFY)</b>		<b>CEMETERY OR CREMATORY—NAME</b>	
24a. <b>BURIAL</b>		24b. <b>WASHINGTON MEMORIAL GARDENS</b>	
<b>FUNERAL HOME</b>		<b>LOCATION</b> CITY OR TOWN STATE	
24c. <b>JORDAN-SHEPARD-DUPRE FUNERAL HOME 418 S. OLIVER AVE CHICAGO, ILL 60604</b>		24d. <b>HAYWOOD ILL</b>	
<b>FUNERAL DIRECTOR'S SIGNATURE</b>		<b>DATE</b> MONTH DAY YEAR	
25. <b>[Signature]</b>		24e. <b>JULY 21, 1989</b>	
<b>LOCAL REGISTRAR'S SIGNATURE</b>		<b>FUNERAL DIRECTOR'S LICENSE NUMBER</b>	
26. <b>[Signature]</b>		25c. <b>5994</b>	
<b>DATE FILED IN LOCAL REGISTER</b> MONTH DAY YEAR			
26a. <b>July 20, 1989</b>			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 AUG 31 1995 SIGNED Richard J. Billis  
 AT BROADVIEW, ILLINOIS 60153, Illinois. OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS