

# UNOFFICIAL COPY

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DEPT-01 RECORDING 123.50  
 T60003 TRAN 9707 12/14/95 12:37:00  
 47716 + DR # -95-870801  
 COOK COUNTY RECORDER

STATE OF ILLINOIS )  
 )  
 COUNTY OF COOK )

## DECEASED JOINT TENANCY AFFIDAVIT

I, MARCIA WATSON, being duly sworn upon oath, state that the following facts are true and correct:

- 1 That I reside at 1416 Hartrey, Evanston, Illinois 60201; that I am of legal age and mentally competent.
- 2 That I am the daughter of SAVANNAH MARSHALL, who died on October 10, 1994; a true and correct certified copy of the death certificate is attached hereto.
- 3 That at the time of my mother's death, I was the joint tenant owner of the premises located in Cook County, Illinois, legally described as follows:

*LOT FIVE (5) IN BLOCK SIX (6) IN FOWLER AND McMANINI'S SUBDIVISION OF THE SOUTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION THIRTYTHREE (13), TOWNSHIP FORTY ONE (41) NORTH, RANGE THIRTYTWO (12), EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.  
 PROPERTY ADDRESS: 1416 HARTREY AVENUE, EVANSTON, ILLINOIS  
 PERMANENT INDEX NO. 10-13-315-015-0000*

- 4 That SAVANNAH MARSHALL died leaving a last will and testament, dated August 3, 1994; it was filed with the Probate Division of the Circuit Court of Cook County.
- 5 That the total value of the decedent's estate, including both real and personal property owned by the decedent at her death, does not exceed the sum of \$50,000.00 dollars.
- 6 That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

*Marcia Watson*  
 \_\_\_\_\_  
 MARCIA WATSON

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF NOVEMBER, 1995

*[Signature]*  
 \_\_\_\_\_  
 Notary Public

## RETURN DOCUMENT TO:

Richard H. Zabelski  
 R. H. ZADILSKI & ASSOCIATES  
 500 Davis Street; Suite #503  
 Evanston, Illinois 60201  
 IN WATSON TENANT AFF



95870801

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STATE OF ILLINOIS

STATE FILE NUMBER

DISTRICT NO. 14-23  
REGISTERED NUMBER 1188

## MEDICAL CERTIFICATE OF DEATH

Type of Form in Permanent Use See General Director, Hospital or Physician Handbook for Instructions

A  
B  
C  
D  
E

PARTIAL

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CAUSE

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CERTIFIER

FUNERAL

FUNERAL DIRECTOR

LOCAL REGISTRAR

VR200 (Rev. 5/88)

DECEASED NAME <b>1 SAVANNAH MARSHALL</b>		SEX <b>FEMALE</b>	DATE OF DEATH <b>3 OCTOBER 10 1994</b>
CITY/TOWN/TWP. DISTRICT/STREET NUMBER <b>4 Cook</b>		HOSPITAL OR OTHER INSTITUTION <b>St. Francis Hospital - Evanston</b>	DATE OF BIRTH <b>AUGUST 26, 1910</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>No. Little Rk. Ark.</b>		NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF DIFF.) <b>WIDOWED</b>	EDUCATION (SCHOOL GRADE ATTENDED) <b>12</b>
SOCIAL SECURITY NUMBER <b>10 327-46-1795</b>		USUAL OCCUPATION <b>Food Sv. Worker</b>	INDUSTRY <b>Hospital</b>
RESIDENCE (STREET AND NUMBER) <b>1416 Hartrey</b>		CITY/TOWN/TWP. OR ROAD DISTRICT NO. <b>Evanston</b>	COUNTY <b>Cook</b>
STATE <b>Ill.</b>	ZIP CODE <b>60201</b>	RACE (WHITE, BLACK, AMERICAN INDIAN) <b>BLACK</b>	OF THIS RACE OR ORIGIN (SPECIFY RACE OR YES-IF YES SPECIFY COUNTRIES) <b>NO</b>
FATHER NAME <b>Andrew Johnson</b>		MOTHER NAME <b>Millie</b>	MARRIAGE LAST <b>White</b>
MARRIAGE (TYPE OF MARRIAGE) <b>Marcia Watson</b>		RELATIONSHIP <b>Daughter</b>	MAJOR ADDRESS (STREET AND NO. UNIT #, CITY/TOWN, STATE, ZIP) <b>1416 Hartrey Evanston, Ill. 60201</b>
PART I: Immediate Cause (Final disease or condition resulting in death) <b>(a) SEPSIS</b>		DAYS	
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST. <b>(b) PNEUMONIA</b>		DAYS	
PART II: Other significant conditions contributing to death but not resulting in the underlying or last cause in PART I. <b>16 PART I: HYPERTENSION</b>		WEEKS	
DATE OF OPERATION, IF ANY <b>20a</b>		MAJOR FINDINGS OF OPERATION <b>20b</b>	
WAS CONSIDERED A MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		HOUR OF DEATH <b>2:45 P.M.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>31a</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>10-10-94</b>	
SIGNATURE OF CERTIFIER <b>M. Amin Gilliam</b>		ILLINOIS LICENSE NUMBER <b>10-11-94</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>M. Amin Gilliam, M.D., 800 AUSTIN EVANSTON, IL 60202</b>		NAME OF ATTENDING PHYSICIAN OR OTHER HEALTH CARE PROVIDER (TYPE OR PRINT) <b>160202</b>	
FUNERAL HOME (NAME) <b>BURTAL</b>		CITY OR TOWN <b>Ill.</b>	
CEMETERY OR CREMATORY (NAME) <b>Memorial Path</b>		LOCATION <b>Skokie</b>	
FURNERAL HOME (NAME) <b>Hallburton Funeral Chapel</b>		STREET AND NUMBER OR R.F.D. <b>1317 Emerson St.</b>	
CITY OR TOWN <b>Evanston</b>		STATE <b>Ill.</b>	
FEDERAL DIRECTOR'S SIGNATURE <b>Thomas H. Helle</b>		FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034010949</b>	
LOCAL REGISTRAR'S SIGNATURE <b>C. Ann Brown</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>Oct. 17 1994</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 Vital Records Act.

DATE NOVEMBER 29, 1995 SIGNED C. Ann Brown  
AT EVANSTON OFFICIAL TITLE LOCAL REGISTRAR

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 record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.