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95900536



# Chicago Title Insurance Company

## DECEASED JOINT TENANCY AFFIDAVIT

DEPT-01 RECORDING

\$23.00

STATE OF ILLINOIS  
COUNTY OF

*mail to*

ss.

Order No. ~~37931 CG~~ \*95-900536

COOK COUNTY RECORDER

CHARLENE TORNES

being duly sworn

states that SHE resides at 5532 S. CARPENTER in the City of

CHICAGO

That SHE was acquainted with EDDIE L. TORNES

deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:

*2509*

LOT 37 IN A. M. PENCE'S SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

The Real Property or its address is commonly known as 5532 S. Carpenter Street, Chicago, IL 60621. The Real Property tax identification number is 20-17-202-021-0000.

That the deceased died FEBRUARY 14, 1991, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

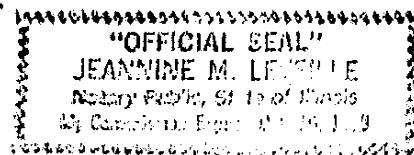
Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.

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 Value of home 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



this 21st day of December, A.D. 19 95

Jeannine M. Leveille  
Notary Public

[Signature]  
(affiant's signature)

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Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO.

16.10

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 603262

REGISTERED NUMBER

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
EDDIE TORNES 2. MALE 3. FEBRUARY 14, 1991

CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER AGE LAST BIRTHDAY (MONTH DAY YEAR) DATE OF BIRTH (MONTH DAY YEAR)
4. CHICAGO 5a. 67 5b. 5c. 5d. December 31, 1929

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT WITHIN CITY STREET AND NUMBER) IF HOSP OR INST INDICATE ROOM OR FLOOR OR WARD OR UNIT (IF APPLICABLE)
6b. UNIVERSITY OF CHICAGO HOSPITALS 6c. INPATIENT

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, NAME OF SURVIVING SPOUSE (MARRIAGE & DATE)
7. Jackson, Miss. 8a. Married 8b. Charlene Gladney

USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION
11a. Laborer 11b. General 11c. none

CITY/TOWN/TWP OR ROAD/DISTRICT NO. INSIDE CITY COUNTY
12a. Chicago 12b. Yes 12c. Cook

DATE ZIP CODE RACE (SPECIFY) ETHNIC ORIGIN (SPECIFY)
13a. 5532 South Carpenter 13b. 60621 13c. BLACK 13d. X NO YES SPECIFY

FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE LAST
14a. Fred Tornes 14b. Ophelia Harris

HOSPITAL RECORDS (CITY/TOWN/TWP OR ROAD/DISTRICT NO.)
17a. HOSPITAL RECORDS 17b. CHICAGO, ILLINOIS 60637

IMMEDIATE CAUSE OF DEATH (STATE THE UNDERLYING CAUSE LAST)
(a) SEPTIC SHOCK DUE TO (OR AS A CONSEQUENCE OF)
(b) DUE TO (OR AS A CONSEQUENCE OF)
(c)

AUTOPSY (YES/NO)
19a. NO 19b. NO

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES ( ) NO ( )

WAS CORDON OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. NO 21b. NO 21c. 11:25 A.M.

DATE SIGNED (MONTH DAY YEAR)
22a. FEBRUARY 14, 1991

SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22a. [Signature] 22b. 125-024830

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
22c. JOHN MILTON, MD

BURIAL/CREMATION/REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR)
23a. Burial 23b. LINCOLN 23c. WORTH LILIAN 23d. February 21, 1991

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE DATE
23a. Slaughter & Son Funeral Directors, Ltd, 2024 E. 75th Street, Chicago, Illinois

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
23a. [Signature] 23b. 8981

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)
24a. [Signature] 24b. FEB 17 1991

Whole Department of Public Health--Division of Vital Records (BASED ON IHRU'S STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record as made from the original certificate for the person named therein and that this certificate was established and filed with the Department of Public Health in accordance with the statutes of Illinois.

SPRINGFIELD

AUGUST 16, 1991

STATE REG. STRAR-VITAL RECORDS

[Signature] DEPUTY STATE REGISTRAR

THIS IS NOT A VALID CERTIFIED COPY WITHOUT THE EMBOSSED SEAL AND SIGNATURE OF THE STATE REGISTRAR

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2025/01/27