

UNOFFICIAL COPY

95120401

. DEPT-01 RECORDING \$23.50
 . T#0003 TRAN 2749 02/21/95 03:55:00
 . #0062 IMS #--95-120401
 . COOK COUNTY RECORDER

PIN 16-14-325-039

**AFFIDAVIT OF SURVIVING JOINT TENANT RE: 3622 West Grenshaw
Chicago, Illinois 60624**

LEGAL DESCRIPTION:

Lot 59 in Clevens and Gilberts Subdivision of the South 15 acres of the East 1/2 of the East 1/2 of the Southwest quarter of Section 14, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

I, DOROTHY FERGUSON, of the City of Chicago, County of Cook, State of Illinois, being duly sworn on oath, state as follows:

1. On December 23, 1991, my husband, LAVERN FERGUSON, died. A certified copy of his death certificate is attached hereto as Exhibit A.

2. By virtue of my husband's death, I am the surviving joint tenant in the above-described real estate, formerly held in joint tenancy by LAVERN FERGUSON and DOROTHY FERGUSON.

3. I submit this affidavit as evidence of my sole ownership of the above-described real estate.

FURTHER AFFIANT SAYETH NOT.

Dorothy Ferguson

 DOROTHY FERGUSON
 3622 West Grenshaw
 Chicago, Illinois 60624

95120401

Subscribed and sworn to before me this 14th day of February, 1995.

Rebecca E. Moseley

 Notary Public

OFFICE SEAL
 REBECCA E MOSELEY
 NOTARY PUBLIC STATE OF ILLINOIS
 MY COMMISSION EXPIRES JULY 2014

This document prepared by: JACK SAMUEL RING
30 N. LaSalle Street, Suite 2440
Chicago, Illinois 60602

Mail original to: Jack Samuel Ring
30 North LaSalle Street, Suite 2440
Chicago, Illinois 60602

OK

Handwritten signature/initials

23⁵⁰ ER

UNOFFICIAL COPY

Property of Cook County Clerk's Office

10402156

Certified Copy of a Death Record
UNOFFICIAL COPY

DECEDENT'S BIRTH NO. _____ STATE OF ILLINOIS STATE FILE NUMBER _____
 REGISTRATION DISTRICT NO. **1002**
 REGISTERED NUMBER **1747**
MEDICAL CERTIFICATE OF DEATH

DECEASED

1. DECEASED NAME: **LAVERN MARGRET FERGUSON** SEX: **Female** DATE OF BIRTH: **December 23, 1994**
 2. OCCUPATION OF DEATH: **COOK** AGE LAST BIRTHDAY: **70** MONTH: **Aug** DAY: **17** YEAR: **1924**
 3. CITY: **PROVISO TOWNSHIP** HOSPITAL OR OTHER PLACE OF DEATH: **VETERANS ADM. HINES, IL 60141** INPATIENT OR OUTPATIENT: **Inpatient**
 4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Ill.** MARRIED NEVER MARRIED, WIDOWED DIVORCED, SEPARATED: **Married** NAME OF SURVIVING SPOUSE (MARRIED NAME IF APPLICABLE): **Dorothy Davis** WAS A U.S. ARMY, U.S. AIR FORCE, U.S. NAVY, U.S. MARINE CORPS, U.S. COAST GUARD, U.S. AIR NATIONAL GUARD, U.S. AIR FORCE RESERVE, U.S. NAVY RESERVE, U.S. MARINE CORPS RESERVE, U.S. COAST GUARD RESERVE: **YES**
 5. SOCIAL SECURITY NUMBER: **352-18-5995** USUAL OCCUPATION: **PROFESSOR** KIND OF BUSINESS OR INDUSTRY: **Cleaning store** DATE OF BIRTH (MONTH DAY YEAR): **12 27 72** COUNTY: **COOK**
 6. RESIDENCE (CITY AND NUMBER): **3622 W. Grenshaw** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** COUNTY: **COOK**
 7. STATE: **Illinois** ZIP CODE: **60624** RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR LATINO): **Black** OF HISPANIC OR LATINO ORIGIN: **NO** YES SPECIFY _____

PARENTS

8. FATHER NAME: **LEON FERGUSON** MOTHER NAME: **RUBY CASTON**
 9. INFORMANT'S NAME (TYPE OR PRINT): **Irene Stovall, A.O.D.** RECORDS: **Records**

CAUSE

10. IMMEDIATE CAUSE (Final disease or condition resulting in death): **End-Stage Renal Failure, DUE TO, OR AS A CONSEQUENCE OF**
 11. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **95120401**
 12. PART II Other significant conditions contributing to death but not resulting in the underlying cause: _____

CERTIFIED

13. DATE OF OPERATION, IF ANY: _____ MAJOR FINDINGS OF OPERATION: _____
 14. (a) DID YOU ATTEND THE DECEASED AND LAST SAW HIM ALIVE ON: **December 23, 1994** (b) WAS CORONER OR MEDICAL EXAMINER NOTIFIED: **NO**
 15. SIGNATURE: **Robert D. Vacek, M.D.** DATE SIGNED: **December 25, 1994**
 16. NAME AND ADDRESS OF CERTIFIER: **VETERANS ADM. HINES, IL 60141**
 17. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): _____
 18. BURIAL, CREMATION, REMOVAL (SPECIFY): **CREMATION** CEMETERY OR CREMATORY NAME: **CLARKLAND MEM. LAVS** LOCATION: **DECATUR, ILLINOIS** DATE: **DEC 27, 1994**
 19. FUNERAL HOME: **NOBLE** NAME: **8158 S. EXCHANGE AVE., CHICAGO, IL (60617)**
 20. FUNERAL DIRECTOR'S SIGNATURE: **Raymond E. Noble Sr** NUMBER: **11328**
 21. LOCAL REGISTRAR'S SIGNATURE: **Richard J. Billis** DATE: **December 27, 1994**

DISPOSITION

22. 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: **DEC 27 1994** SIGNED: **Richard J. Billis**
 AT: **BROADVIEW, IL 60153** Illinois OFFICIAL TITLE: **Local Registrar of Vital Statistics**

UNOFFICIAL COPY

Property of Cook County Clerk's Office

95120401