

UNOFFICIAL COPY

95247963

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS)

DATE:

4/06/95

COUNTY OF COOK)

SS

COMMITMENT NO:

EC149843

(~~GENEVA~~ YOUNG)
~~VARDAMAN YOUNG~~

_____ being first duly sworn, for the purpose of inducing TTYW Title Insurance Company to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at 8556 S. MANISTEE
2. That he/she was acquainted with VARDAMAN YOUNG who died 23rd JULY 1993, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 - _____ leaving no last will and testament
 - _____ leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/ Estate Tax and Federal Estate Tax purposes does not exceed \$ 100,000.00

EC149843

95247963

Geneva Young
Affiant's Signature

ETC
Box # 397

DEPT-11 RECORD TOR \$23.00
T#0013 TRAN 4200 04/13/95 12:59:00
#9559 # CT # -95-247963
COOK COUNTY RECORDER

Subscribed and sworn to before me this 6th day of April 1995.

"OFFICIAL SEAL"
RICHARD CHERIVTCH
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/24/97

Richard Cherit
Notary Public

23.00
ES

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 26 1993

I, VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

95247986

REGISTRATION DISTRICT NO. 1610
REGISTERED NUMBER 41370

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME FIRST MIDDLE LAST
VARDAMAN YOUNG

COUNTY OF DEATH COOK
DATE OF DEATH 3 JULY 23, 1993

AGE-LAST BIRTHDAY (MM/DD) 56 56
SEX MALE
DATE OF BIRTH 51 JULY 1, 1937

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO
HOSPITAL OR OTHER INSTITUTION-NAME OF NOT BETWEEN ONE STREET AND NUMBER EHS TRINITY HOSPITAL

6a MARITAL STATUS (CHECK ONE)
8a MARRIED
8b UNMARRIED
8c DIVORCED
8d SEPARATED
8e WIDOWED
8f NEVER MARRIED

9a EMPLOYER'S NAME (IF ANY)
9b OCCUPATION
9c INPATIENT

10 427-54-9385
11a SEC. GUARD
11b SECURITY
11c TRINITY HOSPITAL

12a CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO
12b INSIDE CITY (YES/NO) YES
12c COUNTY COOK

13a 8556 S MANISTEE
13b CHICAGO
13c RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR LATIONO)
13d RACE (SPECIFY) BLACK

14a MOTHER'S MARRIAGE STATUS (YES/NO)
14b YES
14c SPECIFY: NONE

FATHER-NAME FIRST MIDDLE LAST
SHELLY YOUNG
MOTHER-NAME FIRST MIDDLE LAST
CORINA VARDAMAN

15 INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP
VICKI GORIL ADM CLK
16 MAILING ADDRESS STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP
17c 2320 E. 93RD ST., CHICAGO, IL 60617

17a HOSE
17b HOSE

18 PART I. Enter the disease or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line.
(a) DUE TO OR AS A CONSEQUENCE OF
(b) DUE TO OR AS A CONSEQUENCE OF
(c) DUE TO OR AS A CONSEQUENCE OF
Gastric Cancer

19a MAJOR PHASES OF OPERATION
20b. DATE OF OPERATION, IF ANY
20c. YES NO

21a (1) DID (AND) (2) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON
7/22/93
21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
Wishie
21c. 1:45 AM
21d. DATE SIGNED MONTH DAY YEAR
7. 23. 93

22a SIGNATURE
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22c. ILLINOIS LICENSE NUMBER
Ebrie 2315 E 93rd St. Chicago Il. 60617
36 45 826

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24a. BURLIUM, CREMATION, REMOVAL (TYPE OR PRINT)
24b. BURIAL
24c. OAKLAND MEMORY
24d. STREET AND NUMBER OR R.F.D. NAME
DOLTON, ILLINOIS
24e. CITY OR TOWN
CHICAGO, IL 60649

25a. CAGE MEMORIAL CHAPEL 7651 SOUTH JEFFERY BLVD. CHICAGO, IL 60649
25b. FUNERAL DIRECTOR'S LICENSE NUMBER
25c. 11055
25d. DATE FILED MONTH DAY YEAR
JUL 26 1993

26a. LOCAL REGISTRAR'S SIGNATURE
26b. DAY YEAR

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