



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

vs.

Order No. _____

LEON MAGEE + MELZINA MAGEE (WIFE) being duly sworn
states that THEY resides at 7829 SEUCLID AVE in the City of
CHICAGO, ILL.

That WE was acquainted with HIBURNIA MILES
deceased who, at the time of HER death, was one of the owners of the land in _____
County, Illinois, described as:

Lot 33 in Block 32 in Southfield, being a Subdivision of Blocks 17, 18, 19, 22, 23, 24, 25, 27, 28, 29, 30, 31, and 32 in James Stinson's Subdivision of the East Grand Crossing in the South West quarter of Section 25, Township 36 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois.

20-25-331-010

95286142

That the deceased died HIBURNIA MILES, 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 EIGHTY FIVE THOUSAND 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.

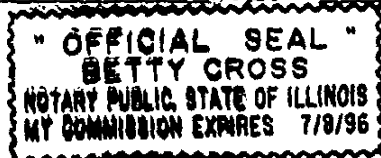
Subscribed and sworn to before me by the said

Leon Magee + Melzina Magee

this 29th day of April, A.D. 19 95

Betty Cross
Notary Public

Leon Magee + Melzina Magee
(affiant's signature)



2350
20
4350

UNOFFICIAL COPY

Property of Cook County Clerk's Office



MELZINA MAGGI
7829 S. Euclid Ave
Chicago III 60649

95286142

DEPT-01 RECEIVING \$23.50
\$40000 * 10/17/95 11:18:00
\$4350 * 10/17 * 95-286142
COOK COUNTY RECORDER
DEPT-10 PENALTY \$20.00

COOK COUNTY CLERK'S OFFICE
100 N. LA SALLE ST. CHICAGO, ILL. 60602
TEL: 312.603.1000 FAX: 312.603.1001

UNOFFICIAL COPY

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 11 1995

I, SHEILA LYME, RSW, 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 AFFIXED.

1. DECEASED-NAME FIRST MIDDLE LAST HIBURNIA MILES FEMALE		DATE OF DEATH MONTH DAY YEAR 3 JANUARY 9, 1995	
2. COUNTY OF DEATH COOK		DATE OF BIRTH MONTH DAY YEAR 54 JANUARY 12, 1908	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT IN EITHER GIVE STREET AND NUMBER 68 RESIDENCE	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GOODMAN, MS.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a WIDOWED	
5. SOCIAL SECURITY NUMBER 10 342-16-7261		NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE) 8b NONE	
6. RESIDENCE (STREET AND NUMBER) 139 7829 S. EUCLID AVE.		KIND OF BUSINESS OR INDUSTRY 11b AT HOME	
7. STATE ILLINOIS		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b CHICAGO	
8. FATHER-NAME FIRST MIDDLE LAST HENRY LIPSEY		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a BLACK	
9. MOTHER-NAME FIRST MIDDLE LAST ELMIRA PRICE		SPECIFY: 14b YES NO FIRST MIDDLE LAST	
10. INFORMANT'S NAME (TYPE OR PRINT) MELZINA MAGEE		RELATIONSHIP 16 ELMIRA	
11. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. (a) DYSYPHAGIA (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a DAUGHTER c 7829 S. EUCLID AVE. CHICAGO, IL. 60649	
12. PART II. Other significant conditions contributing to death but not resulting in the underlying cause (specify PART I) MAJOR FINDINGS OF OPERATION 20b		ALTOGETHER (YES/NO) 19a	
13. DATE OF OPERATION, IF ANY JANUARY 04 1995		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO	
14. (1) (DO NOT ATTEND TO THE DECEASED AND LAST SAW/HAD HER ALIVE ON) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 21b		HOUR OF DEATH 21c 3:05A - M.	
15. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DR ANNETTE SCHEETZ M.D. STEVENSON EXP/SSWAY AT KING DRIVE		DATE SIGNED 22b 1/10/95	
16. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER 23a 36 062420	
17. BURIAL CREATION, REMOVAL (BY CITY)		DATE MONTH DAY YEAR 24d JAN. 12, 1995	
18. BURIAL HOME CAGE MEMORIAL CHAPEL 7651 S. JEFFERY BLVD. CHICAGO, ILLINOIS 60649		STATE CITY OR TOWN 24c ALSIP, ILLINOIS	
19. FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRY'S SIGNATURE		FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-12209	
20. LOCAL REGISTRY'S SIGNATURE		DATE FILED BY LOCAL REGISTRY (MONTH DAY YEAR) 26b JAN 11 1995	

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