

# UNOFFICIAL COPY

96400113

STATE OF ILLINOIS )  
 )  
COUNTY OF COOK )

. DEPT-01 RECORDING \$25.50  
. T#0003 TRAN 8821 05/28/96 10:36:00  
. #2884 : LM \*-96-400113  
. COOK COUNTY RECORDER

## DECEASED JOINT TENANCY AFFIDAVIT

ROBERT THOMAS, JR., being duly sworn states that he resides at 7418 S. Calumet, City of Chicago, County of Cook, State of Illinois.

That he was married to LUVELLA THOMAS, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

Lot Two (Except the North 69 Feet thereof) in Block 11 in Prescott's Subdivision of the East half of the North West One Quarter of Section 27, Township 38 North, Range 14 East of the Third Principal Meridian, In Cook County, Illinois

That the deceased died December 15, 1989 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died leaving no Last Will & Testament.

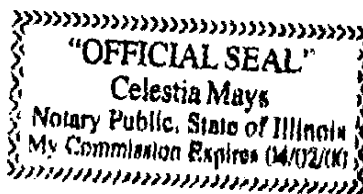
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$100,000.

Robert Thomas, Jr.  
Affiant

SIGNED and SWORN before me this

21<sup>st</sup> day of May, 1996.

Celestia Mays  
Notary Public



25.50  
CMM

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8/10/00

Property of Cook County Clerk's Office

95420113

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PIN: 20-27-122-020

Prepared by:  
Celestia Mays  
The Bourgeois Law Firm  
8555 South Cottage Grove Avenue  
Chicago, IL 60619

Mail to:  
Celestia Mays  
The Bourgeois Law Firm  
8555 South Cottage Grove Avenue  
Chicago, IL 60619



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DEC 19 1989

MEDICAL CERTIFICATE OF DEATH

62192393

STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

SS

REGISTRATION DISTRICT NO. 16-10

REGISTERED NUMBER

DECEASED-NAME

1. LUVELLA

FIRST

MIDDLE

LAST

THOMAS

SEX

DATE OF DEATH

3 DECEMBER 15 1989

2. COUNTY OF DEATH COOK

AGE LAST BIRTHDAY (MMS)

UNDER 1 YEAR

DATE OF BIRTH (MONTH DAY YEAR)

14 JANUARY 1934

3. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WITHIN ONE STREET AND NUMBER)

JACKSON PARK HOSPITAL

4. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

CHICAGO

5a. MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY)

HAILED

NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)

ROBERT THOMAS

INDUSTRY (BUSINESS OR INDUSTRY)

DENTISTRY

EDUCATION (SPECIALTY, HIGHEST GRADE COMPLETED)

12

INSIDE CITY (YES/NO)

YES

COUNTY

COOK

6a. RESIDENCE (STREET AND NUMBER)

7418 S CALVERT

CITY, TOWN, OR ROAD DISTRICT NO

CHICAGO

INSIDE CITY (YES/NO)

YES

COUNTY

COOK

7. SOCIAL SECURITY NUMBER

352-16-6416

8. PARTNER-NAME FIRST MIDDLE LAST

JAMES

COSEY

RELATIONSHIP

16. LUVELLA

MOTHER-NAME FIRST MIDDLE LAST

GRANE

9. INFORMATION NAME (TYPE OF PART)

ROBERT NICHAS

RELATIONSHIP

17a. 17b. 17c. 17d. 17e. 17f. 17g. 17h. 17i. 17j. 17k. 17l. 17m. 17n. 17o. 17p. 17q. 17r. 17s. 17t. 17u. 17v. 17w. 17x. 17y. 17z.

MAILING ADDRESS (STREET AND NO OR R.T.D. CITY OR TOWN STATE ZIP)

7418 S. CALVERT CHICAGO ILLINOIS

10. CAUSE OF DEATH (Immediate Cause (Final diagnosis or condition resulting in death))

MYOCARDIAL INFARCTION

DUPLICATE CAUSE (Final diagnosis or condition resulting in death)

HYPERTENSIVE HEART DISEASE

DIABETES MELLITUS

MACRO FINDINGS OF OPERATION

DIABETES MELLITUS

11. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

MACRO FINDINGS OF OPERATION

DIABETES MELLITUS

MACRO FINDINGS OF OPERATION

DIABETES MELLITUS

12. DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON

10-20-89

DATE OF OPERATION, IF ANY

MACRO FINDINGS OF OPERATION

DIABETES MELLITUS

DATE SIGNED (MONTH DAY YEAR)

5:10 P.M.

22a. SIGNATURE

ADDY B. BLOOMER

NAME AND ADDRESS OF CERTIFIER (THE CERTIFIER)

CHICAGO ILL 60619

ILLINOIS LICENSE NUMBER

23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

22c. ADDRESSES

CHICAGO ILL 60619

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (IF ON PAINT)

CHICAGO ILL 60619

DATE SIGNED (MONTH DAY YEAR)

12-16-89

22b. SIGNATURE

ADDY B. BLOOMER

NAME AND ADDRESS OF CERTIFIER (THE CERTIFIER)

CHICAGO ILL 60619

ILLINOIS LICENSE NUMBER

DATE SIGNED (MONTH DAY YEAR)

12-16-89

22a. SIGNATURE

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NAME AND ADDRESS OF CERTIFIER (THE CERTIFIER)

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DATE SIGNED (MONTH DAY YEAR)

12-16-89

I, JAMES W. MASTERSON, M.P.H., ACTING 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 OF 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 AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

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