

STATE OF ILLINOIS )  
COUNTY OF COOK )

SS

Wheatland  
P 2200 P  
T 478 V  
I 100 100

96530658

JOINT TENANCY AFFIDAVIT

MAVIS D. MURRAY

hereinafter referred to as the affiant, states under oath that the affiant resides at 2017 DAWSON AVENUE in the City of EVANSTON, Illinois; that the affiant was acquainted with CHARLES SIMPSON, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in COOK County, Illinois, and legally described as follows:

SEE EXHIBIT "A"

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on JUNE 16, 1991, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$103,000, and that the value of the above property individually was \$102,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce Wheatland Title Guaranty to issue its policy of title insurance on the above described property.

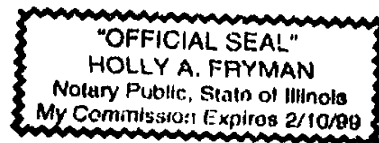
The affiant hereby covenants and agrees, for himself/herself/ themselves, heirs, personal representatives or assigns, to forever fully indemnify, protect, defend and hold Wheatland Title Guaranty harmless and to reimburse Wheatland Title Guaranty for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which Wheatland Title Guaranty may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of CHARLES SIMPSON, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

MAVIS D. MURRAY (Seal)  
MAVIS D. MURRAY (Seal)

Subscribed and Sworn to before me this 1ST day of MAY, 19 96.

Notary Public HOLLY A. FRYMAN



NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

96530658

# UNOFFICIAL COPY

Property of Cook County Clerk's Office

THE SOUTH THIRTY THREE AND ONE THIRD (33 1/3) FEET OF LOT SEVENTEEN (17) IN BLOCK (2) IN MCNEILL'S ADDITION TO EVANSTON IN THE NORTH WEST QUARTER OF THE NORTH EAST QUARTER OF SECTION 13, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

10-13-201-012-0000

• DEPT-01 RECORDING \$25.50  
• 145555 TRAM 7536 07/11/96 1513+100  
• #9676 # JJ \* -96-530658  
• COOK COUNTY RECORDS

• DEPT-10 PENALTY \$22.00

80000000

UNOFFICIAL COPY

STATE FILE NUMBER

PERMANENT CERTIFICATE
TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 1623
REGISTERED NUMBER 830

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

295 June 1991

Type of Print in Permanent Book See Coroner's or Funeral Director's Handbook for Instructions

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH DAY YEAR
Charles Simpson Male June 16, 1991

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOOP, OR HST, INDICATE D O A, OP, EM, OR INPATIENT (SPECIFY)
Cook Evanston EVANSTON F.M.C.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) HAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
Evanston, IL 8a. Married 8b. Mavis Pinder 9. YES

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPEIFY ONLY HIGHEST GRADE COMPLETED)
10 331-28-7089 11a. Salesman 11b. Fuller Products 12 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. RESIDE CITY (YES/NO) COUNTY
13a 2017 Darrow Ave. 13b. Evanston 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR)
13e Illinois 13f. 60201 14a. Black 14b. X (YES) SPECIFY:

FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE LAST (MAIDEN) LAST
15. Charles Simpson 16. Lucille Peak

INFORMANT'S NAME (TYPE OF PERSON) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR P.O. CITY OR TOWN, STATE, ZIP)
17a. Mavis Simpson 17b. Wife 17c. 2017 Darrow Ave. Evanston, IL 60201

18 PART I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as asphyxiation or respiratory arrest, shock, or heart failure. List only one cause on each line.
Immediate Cause (Final disease or condition resulting in death) -> Hypertensive Cardiovascular Disease

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST
(b) DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II: Other significant conditions contributing to death but not resulting in the underlying cause (a) on in PART I
AUTOPSY (YES/NO) 19a. No 19b. IF NO AUTOPSY, NUMBER AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (IF ANY)

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDER EXAMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 19)
20a. Natural 20b. June 16, 1991 20c. 5:00 P.M. 20d.

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, TOWN, OR TWP. OR RD DIST NO. COUNTY, STATE) IF FEMALE, HAS THERE A PREGNANCY IN PAST THREE MONTHS?
20e. No 20f. 20g. Rosemont, IL 20h. YES ( ) NO ( )

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
21a. THE DECEASED WAS PRONOUNCED DEAD ON 21b. June 16, 1991 21c. 5:50 A.M.

CORONER'S MEDICAL EXAMINER'S SIGNATURE DATE SIGNED MONTH DAY YEAR
22a. [Signature] 22b. June 16, 1991

CORONER'S PHYSICIAN'S NAME (TYPE OF PERSON) DATE SIGNED MONTH DAY YEAR
23a. Edmund R. Donoghue M.D. 23b. June 16, 1991

REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE MONTH DAY YEAR
24a. Cremation 24b. Cremation Service, Inc. 24c. Rosemont, IL 24d. June 21, 1991

FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP
25a. House of Thompson 1917 Asbury Ave. Evanston, Illinois 60201

FUNERAL DIRECTOR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR MONTH DAY YEAR
25b. [Signature] 25c. June 20, 1991

LOCAL REGISTRAR'S SIGNATURE
26a. [Signature]

VR202 (Rev. 6-88) Illinois Department of Public Health - Division of Vital Records (BASED ON 1988 U.S. STANDARD CERTIFICATE)

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 Vital Records Act.
DATE June 20, 1991 SIGNED [Signature] LOCAL REGISTRAR
AT EVANSTON, Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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