

# UNOFFICIAL COPY

96807139

DEPT-01 RECORDING 125.5  
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83774 DR \*-96-807139  
COOK COUNTY RECORDER

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

ss.

Order No. \_\_\_\_\_

Melissa Johnson being duly sworn

states that I resides at 615 N. KARLOV in the City of CHICAGO ILLINOIS 60623.

That I was acquainted with Percy Johnson deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described as: SEE BACK

That the deceased died JUNE 23, 1976, 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 \_\_\_\_\_ 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  
**ROBERT A. LEWIN**  
Notary Public, State of Illinois  
Commission Expires 5/30/98

this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 19 96807139

\_\_\_\_\_  
Notary Public

Melissa Johnson  
(affiant's signature)

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Property of Cook County Clerk's Office

Lot 39 in Oliver's Subdivision of Lot 2 in Assessor's Division of the South East quarter of Section 22, Township 39 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois

Permanent Tax No. 16-22-406-018



60623

Melissa Johnson  
1645 S. KARLOV  
CHGO ILL. 60623

96807409

10.11.1996

MEDICAL CERTIFICATE OF DEATH

DISTRICT NO 10.11.1996

611068

OCT 23 1996

L SHEILA LYNE, RSM, 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 PERCY JOHNSTON	2. SEX MALE	3. DATE OF DEATH JUNE 22, 1996
4. COUNTY OF DEATH COOK	5. UNDER 1 YEAR MONTHS 05 DAYS 16	6. DATE OF BIRTH 50 OCTOBER 5, 1928
7. CITY/TOWN/TWP OR PARISH/DISTRICT NUMBER CHICAGO	8. MARRIED (IF EVER) MARRIED	9. IF THIS ORIGIN INDICATED A PLACE OF BIRTH, INDICATE BY CHECKING THE APPROPRIATE BOX: EMERGENCY ROOM (EMERGENCY ROOM) HOSPITAL OR OTHER INSTITUTION (HOSPITAL OR OTHER INSTITUTION) NAME OF HOSPITAL OR INSTITUTION (NAME OF HOSPITAL OR INSTITUTION) STREET AND NUMBER (STREET AND NUMBER)
10. 428-44-6446 RESIDENCE (STREET AND NUMBER)	11. MI SINAI NAME OF SURVIVING SPOUSE (NAME AND ADDRESS) MELISSA (ISAAC) NAME OF BUSINESS OR INDUSTRY (BUSINESS OR INDUSTRY) 12. R YRS CONSTITUTION (CONSTITUTION)	13. 134 COOK CITY/TOWN/TWP OR PARISH/DISTRICT NUMBER (CITY/TOWN/TWP OR PARISH/DISTRICT NUMBER) 13C YES 134 COOK
13a. 1645 SOUTH KARLOV 2ND FLOOR ZIP CODE (ZIP CODE)	14. BLACK RACE (RACE)	15. STEVE JOHNSTON RELATIONSHIP (RELATIONSHIP)
13b. ILLINOIS STATE (STATE)	14a. BLACK RACE (RACE)	15. STEVE JOHNSTON RELATIONSHIP (RELATIONSHIP)
16. MELISSA JOHNSTON WIFE RELATIONSHIP (RELATIONSHIP)	17. 1645 SOUTH KARLOV 2ND FLOOR ADDRESS (ADDRESS)	18. CHICAGO ILLINOIS 60623 CITY/TOWN/TWP OR PARISH/DISTRICT NUMBER, STATE AND ZIP CODE (CITY/TOWN/TWP OR PARISH/DISTRICT NUMBER, STATE AND ZIP CODE)
19. MYOCARDIAL INFARCTION DUE TO CRAS HYPERTENSIVE HEART DISEASE DUE TO CRAS	20. MYOCARDIAL INFARCTION DUE TO CRAS HYPERTENSIVE HEART DISEASE DUE TO CRAS	21. ILLINOIS STATE (STATE)
22. ROMEO L. ORSUA, MD 5137 W. Chicago Ave SIGNATURE (SIGNATURE) NAME AND ADDRESS OF DECEASED (NAME AND ADDRESS OF DECEASED)	23. GOLDEN GATE FUNERAL HOME 2036 WEST 79th ST. FURNERAL DIRECTOR'S SIGNATURE (FURNERAL DIRECTOR'S SIGNATURE)	24. HILLSIDE, ILLINOIS CITY/TOWN/TWP OR PARISH/DISTRICT NUMBER, STATE AND ZIP CODE (CITY/TOWN/TWP OR PARISH/DISTRICT NUMBER, STATE AND ZIP CODE)
25. DATE OF OPERATION 5-17-96	26. DATE OF BIRTH OCTOBER 5, 1928	27. TIME OF DEATH 5:36 P.M.
28. SIGNATURE ROMEO L. ORSUA, MD	29. SIGNATURE ROMEO L. ORSUA, MD	30. SIGNATURE ROMEO L. ORSUA, MD
31. GOLDEN GATE FUNERAL HOME 2036 WEST 79th ST. FURNERAL DIRECTOR'S SIGNATURE (FURNERAL DIRECTOR'S SIGNATURE)	32. GOLDEN GATE FUNERAL HOME 2036 WEST 79th ST. FURNERAL DIRECTOR'S SIGNATURE (FURNERAL DIRECTOR'S SIGNATURE)	33. GOLDEN GATE FUNERAL HOME 2036 WEST 79th ST. FURNERAL DIRECTOR'S SIGNATURE (FURNERAL DIRECTOR'S SIGNATURE)

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