

96967196  
**UNOFFICIAL COPY**

**JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS }  
COUNTY OF \_\_\_\_\_ } ss.

ORDER NO. \_\_\_\_\_  
DATE: \_\_\_\_\_

SHIRLEY MOLETTE, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 1000 N KARLOV in the City of CHICAGO;

That the decedent at the time of his/her death was an owner of the property located in COOK County, Illinois, legally described as follows:

LOT 10 IN BLOCK 3 IN MILLS AND SONS RESUBDIVISION OF BLOCKS 1,2,3 AND 4 IN TELFORD AND WATSON'S ADDITION TO CHICAGO, BEING A SUBDIVISION OF THE FOSTERS SUBDIVISION OF THE EAST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 3, TOWNSHIP 12 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

DEPT. OF RECORDING \$23.00  
TITLE FROM 366 12/23/96 1542500  
1995 OCT 10 95 967196  
COOK COUNTY RECORDER

**BOX 333-CTI**

16-03-413-040

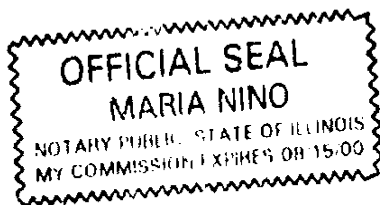
That \_\_\_\_\_ was acquainted with SHIRLEY S. MOLETTE deceased who, at the time of her death, was one of the owners of the land in COOK County, Illinois, described above.

That said decedent died on OCT 10, 1995 leaving no/a last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ \_\_\_\_\_;

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 TITLECOMPANY to issue its Policy of Title Insurance on the above described property.



Signature Shirley S. Molette

SUBSCRIBED AND SWORN TO before me this 14th day of November, 1996  
a Notary Public in and for said State and County.

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.

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STATE OF ILLINOIS

STATE FILE NUMBER

619403

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEASED NAME: **Charles Molette** LAST: **Molette** SEX: **2 Male** DATE OF DEATH: **3 October 10, 1995**

CITY: **Chicago** COUNTY: **Cook** DATE OF BIRTH: **5d April 12, 1924**

AGE (LAST BIRTHDAY): **71** UNDER 1 YEAR: **5d** HOURS: **5c** MIN: **5c**

HOSPITAL OR OTHER INSTITUTION: **St. Mary of Nazareth Hospital**

MARRIED-RECORDED IN ILLINOIS: **8a Married** NAME OF SURVIVING SPOUSE (MOTHER NAME IF WIFE): **V. Ola Smith**

USUAL OCCUPATION: **11a Labour** KIND OF BUSINESS OR INDUSTRY: **11d General**

RESIDENCE: **1022 N Lawndale** CITY: **Chicago** DISTRICT NO: **13b**

STATE: **Illinois** ZIP CODE: **13c 60651** RACE: **14a Black** INSIDE CITY: **13c Yes**

FATHER: **Ramsey Molette** MOTHER: **Ellie Holland**

RELATIONSHIP: **16 Mary** MAILING ADDRESS: **17c 2233 W. Division Chicago, IL 60622**

EDUCATION: **12** EDUCATIONAL ATTAINMENT: **12c**

IMMEDIATE CAUSE (Final cause of condition resulting in death): **(a) Acute infarction**

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST: **(b) Arteriosclerotic Heart Disease**

PART II: **(c) Chronic Obstructive Pulmonary Disease**

DATE OF OPERATION IF ANY: **20b** MAJOR FINDINGS OF OPERATION: **Prostate Carcinoma with bone Metastasis**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? **21c No** HOUR OF DEATH: **7:48 P M**

DATE OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **21b**

SIGNATURE: **Lina L. Aquino M.D.** DATE SIGNED: **22b October 11, 1995**

NAME AND ADDRESS OF CERTIFIER: **22c Lina L. Aquino M.D. 2233 W. Division Chicago, IL 60651**

ILLINOIS LICENSE NUMBER: **22d 36-51579**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **23**

BURIAL CEMETERY OR CREMATORY: **24b** CITY OR TOWN: **24c Worth, Illinois** STATE: **24d Illinois**

DATE: **24e Oct. 16, 1995**

REGISTRAR SIGNATURE: **Sheila Lyne RSM**

DATE: **25b OCT 13 1995**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

OCT 13 1995

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.

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