

UNOFFICIAL COPY

REAL ESTATE INDEX
1820 RIDGE AVE
EVANSTON, IL 60201

96065909

State of Illinois
County of _____ ss.

DEPT-01 RECORDING \$25.50
T50011 TRAN 0091 01/25/96 09:34:00
44252 : RV *-96-065909
COOK COUNTY RECORDER

Prepared by
Standard & Tr Co
2400 W 45th St
Evergreen Park Ill
60805



DECEASED JOINT TENANCY AFFIDAVIT

I, Corinne Greer being duly sworn states
that I reside at 8344 S CARPENTER in the City of
CHICAGO

That I was acquainted with JAMES GREER
deceased who, at the time of HIS
death, was one of the owners of the land in COOK
County, Illinois, described as:

Address 8344 S. Carpenter Chicago
Pun # 20-32-402-035

25/10

That the deceased died 11/24/74
as evidenced by a certified copy of death certificate of the deceased attached
hereto.

- That the deceased died: RE TITLE SERVICES # R-1158 U 1 of 2
- 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 _____ 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 100,000 dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index to issue its Title Insurance Policy describing the above mentioned property.

Subscribed and sworn to before me by the said

this 3 day of Jan A.D. 1996

Beverly A. Harralson
Notary Public

Corinne Greer
(Affiant's Signature)

OFFICIAL SEAL
BEVERLY A. HARRALSON
Notary Public, State of Illinois
My Commission Expires 1/13/97

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Property of Cook County Clerk's Office

636629006

SEND TAX NOTICES TO:

UNOFFICIAL COPY

The South 15 feet of Lot 18 and the North 15 feet of Lot 19 in Block 2 in Pattison & Fry's Subdivision of the NE 1/4 of the NW 1/4 of the SE 1/4 of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

Property of Cook County Clerk's Office

6006309

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REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH	
DECEASED—NAME JAMES GRER		SEX 2 MALE
DATE OF DEATH 3 NOVEMBER 24, 1976		
RACE 4 NEGRO	AGE—LAST BIRTHDAY (YER.) 5a. 56.	DATE OF BIRTH (MONTH, DAY, YEAR) 11.28-04
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. Chicago	HOSPITAL OR OTHER INSTITUTION—NAME 7c. Yes ST. BERNARD D O A	PLACE OF DEATH 7d. Cook
BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8. GA.	CITIZEN OF WHAT COUNTRY 9. U S A	NAME OF SURVIVING SPOUSE (INCLUDE NAME, IF WIFE) 11. CORINE JOHNSON
SOCIAL SECURITY NUMBER 12.	USUAL OCCUPATION 13a. COOK	U.S. WAR VETERAN (YEAR) 13c. NO
RESIDENCE STATE 14a. ILL.	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14c. CHICAGO	STREET AND NUMBER 14d. B344 CARPENTER
FATHER—NAME 15. OLIVER GRER	MOTHER—MAIDEN NAME 16. LIMMER GAULT	
INFORMANT'S SIGNATURE 17a. [Signature]	RELATIONSHIP 17b.	MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) 17c.
18. DEATH WAS CAUSED BY. (ENTER ONLY ONE CAUSE FOR EACH FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I IMMEDIATE CAUSE 1a) ACUTE CORONARY OCCLUSION		MINUTES
DUE TO OR AS A CONSEQUENCE OF: 1b) ARTEROSCLEROTIC HEART DISEASE		YEARS
PART II OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT HELD TO CAUSE DEATH ON PART I OR AUTOPSY (YEAR) DIABETES MELLITIS		19a. NO
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	
ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 21a. 12-1971	21b. 11.24-76	21c. 10-18-76
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED		NOTE IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.
SIGNATURE 22a. [Signature]	DATE SIGNED (MONTH, DAY, YEAR) 22b. 11-24-76	ILLINOIS LICENSE NUMBER 22c. 36-41125
MAILING ADDRESS—CERTIFIER (STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP) 23. 4301 So. King Dr. CHICAGO, ILL. 60653		
BURIAL, CREMATION, REMOVAL (INCLUDE) 24a.	CEMETERY OR CREMATORY—NAME 24b.	LOCATION 24c.
FUNERAL HOME NAME 25a.	STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP 25b.	
FUNERAL DIRECTOR'S SIGNATURE 25a.	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c.	
LOCAL REGISTRAR'S SIGNATURE 26a.	CHICAGO BOARD OF HEALTH Chicago City Center, Room 103 Concourse Level, Chicago 60602-26b.	DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

VR-200 (1973)

Illinois Department of Public Health, Office of Vital Records

BASED ON 1968 U.S. STANDARD CERTIFICATE

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