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JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF _____ } ss.

96176076

ORDER NO. _____
DATE: _____

EMILY R LONEY _____, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 6045 S PAULINA _____ 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 20 IN BLOCK 7 IN DEMAREST'S SUBDIVISION OF THE NORTH EAST
1/4 OF THE SOUTH EAST 1/4 OF SECTION 18, TOWNSHIP 38
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS.

Property Address: 6045 S. Paulina Street, Chicago.

PIN # 20-18-414-015

DEPT-01 RECORDING \$23.50
T#0011 TRAN 0632 03/08/96 09:45:00
#2311 # RV # -96-176076
COOK COUNTY RECORDER
DEPT-10 PENALTY \$20.00

Prepared by The First National Bank of Chicago:
One First National Plaza Suite 600
Chicago, IL 60602

96176076

20-18-414-015

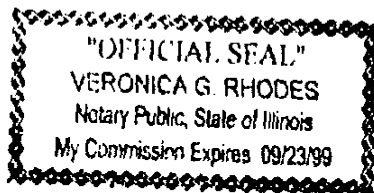
That I was acquainted with GEORGE S. LONEY deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described above.

That said decedent died on DECEMBER 27, 1994 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 \$ 37,500.00;

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



Signature Emily R. Loney

SUBSCRIBED AND SWORN TO before me
this 29 day of Feb, 1996
a Notary Public in and for said State and County.

Veronica G. Rhodes

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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Property of Cook County Clerk's Office

96176076

REGISTRATION NO. 16.10

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 1211020

DECEASED NAME: George MAIDLE LAST: Loney SEX: Male DATE OF DEATH: December 27, 1994

COUNTY OF DEATH: Cook COUNTY OF COOK CITY TOWN, TWP, OR ROAD DISTRICT NUMBER: 4 Cook

AGE - LAST BIRTHDAY (MOS): 70 UNDER 1 YEAR: 0 1 YEAR: 0 2 YEARS: 0 3 YEARS: 0 4 YEARS: 0 5 YEARS: 0 6 YEARS: 0 7 YEARS: 0 8 YEARS: 0 9 YEARS: 0 10 YEARS: 0 11 YEARS: 0 12 YEARS: 0 13 YEARS: 0 14 YEARS: 0 15 YEARS: 0 16 YEARS: 0 17 YEARS: 0 18 YEARS: 0 19 YEARS: 0 20 YEARS: 0 21 YEARS: 0 22 YEARS: 0 23 YEARS: 0 24 YEARS: 0 25 YEARS: 0 26 YEARS: 0 27 YEARS: 0 28 YEARS: 0 29 YEARS: 0 30 YEARS: 0 31 YEARS: 0 32 YEARS: 0 33 YEARS: 0 34 YEARS: 0 35 YEARS: 0 36 YEARS: 0 37 YEARS: 0 38 YEARS: 0 39 YEARS: 0 40 YEARS: 0 41 YEARS: 0 42 YEARS: 0 43 YEARS: 0 44 YEARS: 0 45 YEARS: 0 46 YEARS: 0 47 YEARS: 0 48 YEARS: 0 49 YEARS: 0 50 YEARS: 0 51 YEARS: 0 52 YEARS: 0 53 YEARS: 0 54 YEARS: 0 55 YEARS: 0 56 YEARS: 0 57 YEARS: 0 58 YEARS: 0 59 YEARS: 0 60 YEARS: 0 61 YEARS: 0 62 YEARS: 0 63 YEARS: 0 64 YEARS: 0 65 YEARS: 0 66 YEARS: 0 67 YEARS: 0 68 YEARS: 0 69 YEARS: 0 70 YEARS: 0 71 YEARS: 0 72 YEARS: 0 73 YEARS: 0 74 YEARS: 0 75 YEARS: 0 76 YEARS: 0 77 YEARS: 0 78 YEARS: 0 79 YEARS: 0 80 YEARS: 0 81 YEARS: 0 82 YEARS: 0 83 YEARS: 0 84 YEARS: 0 85 YEARS: 0 86 YEARS: 0 87 YEARS: 0 88 YEARS: 0 89 YEARS: 0 90 YEARS: 0 91 YEARS: 0 92 YEARS: 0 93 YEARS: 0 94 YEARS: 0 95 YEARS: 0 96 YEARS: 0 97 YEARS: 0 98 YEARS: 0 99 YEARS: 0 100 YEARS: 0

HOSPITAL OR OTHER INSTITUTION: Michael Reese Hospital

DATE OF BIRTH (MONTH, DAY, YEAR): 54 MAY 17, 1924

PLACE OF BIRTH (CITY, TOWN, TWP, OR ROAD DISTRICT NO.): Chicago

RESIDENCE (STREET AND NUMBER): 6045 South Paulina

CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago

STATE: Illinois

FATHER NAME: GEORGE LONEY

MOTHER NAME: OLIVIA BRUSTON

RELATIONSHIP: 17b WIFE

MAILING ADDRESS (STREET AND NUMBER OR P.O. BOX): 6045 S. PAULINA CHICAGO, IL 60636

EDUCATION (SCHOOL OR COLLEGE): 11b SCHOOL SYSTEM

INDUSTRIAL OCCUPATION: 11a MAINTENANCE

MARRIED: 11c MARRIED

NAME OF SURVIVING SPOUSE: EMILY R. WILSON

NAME OF BUSINESS OR INDUSTRY: 11d SCHOOL SYSTEM

EDUCATION (SCHOOL OR COLLEGE): 12

RESIDE CITY: Chicago

CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago

RESIDE COUNTY: Cook

RESIDE STATE: Illinois

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STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 29 1994

SHEILA LYNE RSW, 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.

Sheila Lyne RSW

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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CONDITIONS, IF ANY, WHICH GAVE RISE TO MAKE DATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(a) Pneumonia
(b) Lung Mass
(c) Left Cerebral Vascular Accident

DATE OF OPERATION, IF ANY: 2006

NAME AND ADDRESS OF CENTER: 2545 South King Dr. Chicago, Illinois 60615

NAME OF ATTENDING PHYSICIAN OR OTHER THAN CENTER: Edward M. Walton M.D.

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23c CAGE MEMORIAL CHAPEL 7651 S. JEFFERY BLVD CHICAGO, IL 60649

23a BIRTHPLACE: Chicago, IL

23b BIRTH DATE: December 27, 1994

23c BIRTH TIME: 5:00 P M

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24a BIRTHPLACE: Chicago, IL

24b BIRTH DATE: December 28, 1994

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