

96378566

DEPT-01 RECORDING

\$25.50

T#0003 TRAM 8449 05/20/96 10:13:00
#2724 DC *-96-378566



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

ss.

Order No. _____

MARtha HAMPTON

being duly sworn

states that I resides at 6707 S Sangamon in the City of

CHICAGO, ILL.

That she was acquainted with SAM HAMPTON

deceased who, at the time of his death, was one of the owners of the land in _____
County, Illinois, described as:

(SEE REVERSE)

That the deceased died JANUARY 8th 1996, 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 _____

96378566

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

this 20th day of May, A.D. 19 96

[Signature]
Notary Public

[Signature]
(affiant's signature)



25.50

UNOFFICIAL COPY

Lot 46 in Block 3 in John Walker's Subdivision of the South East quarter of the North East quarter of Section 17, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N. 20-17-221-002

96373566



Martha Hampton
5707 S. Sangamon St 1st fl.
Chicago Ill. 60621

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 16 1996

SHEILA LYNE, REGM, 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
REGM

THIS CERTIFIED COPY VALID WHEN
IMPRINTED OR SIGNATURE SEAL IS
AFFIXED.

95373566

MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

16.10
205 Jan 96

DECLASSED NAME: FIRST MIDDLE LAST
5 Sam Hampton

AGE LAST BIRTHDAY (MONTH DAY YEAR): 53 70 50
DATE OF BIRTH (MONTH DAY YEAR): Jan 8, 1996

CITY TOWN TWP. OR ROAD DISTRICT NO.: Chicago 130
COUNTY: Cook

10428-38-9514
REGISTRATION NO. (SEE INSTRUCTIONS)

12a 5/07/50, Sangamon
AP CODE: 101 60621

14a J. B. Hampton
FATHER NAME FIRST MIDDLE LAST

15 J. B. Hampton
MOTHER NAME FIRST MIDDLE LAST

16 Sister
RELATIONSHIP

17a Grace McCoy
17b Idella Jennings
17c 7356 So. Dante Chgo, IL 60619
MAILING ADDRESS (STREET AND NO. ONLY) CITY OR TOWN STATE ZIP

18 PART I
Enter the disease, injury, or complications that caused the death. List only one cause on each line.
(a) Hypertensive Cardiovascular Disease
(b) DUE TO OR AS A CONSEQUENCE OF
(c) DUE TO OR AS A CONSEQUENCE OF

19a Diabetes Mellitus
DATE OF ONSET (MONTH DAY YEAR): 200. 1996
NATURAL ACUTE OR CHRONIC SURVIVAL (SPECIFY): 200. 1996
20a MELLITUS
PLACE OF INJURY (AT HOME, PARK, STREET, FACTORY, OFFICE, BALCONY, ETC.) (PART 19b)
20b 209
LOCATION (CITY, TOWN, OR ROAD DISTRICT NO., COUNTY, STATE)
20c 209
CITY OR TOWN STATE ZIP

21a 21b 21c 21d
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE FORENSIC FINDINGS OF DEATH OCCURRED ON THE DATE, AT THE PLACE AND IN THE MANNER(S) STATED, AND THAT
DATE SIGNED: Jan 8, 1996
MONTH DAY YEAR
DATE SIGNED: Jan 9, 1996
MONTH DAY YEAR

22a 22b 22c 22d
I FEMALE, WAS THERE A PREGNANCY IN THE THREE MONTHS PRECEDING DEATH?
22b YES () NO ()

23a 23b 23c 23d
DATE OF DEATH (MONTH DAY YEAR): Jan 13, 1996
DATE OF BIRTH (MONTH DAY YEAR): Jan 8, 1996
MONTH DAY YEAR

24a 24b 24c 24d
CEMENTERY OR CREMATORY - NAME: Mt. Glenwood Cem.
CITY OR TOWN STATE ZIP
STREET AND NUMBER OR RFD

25a 25b 25c 25d
Funeral Home: Halsted's Chapel 10133 So. Halsted Chicago, Illinois 60628
DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR): 260 JAN 10 1996
DATE FILED BY STATE REGISTRAR (MONTH DAY YEAR): 260 JAN 10 1996

26a 26b 26c 26d
Signature: *Sheila Lyne*
REGM

UNOFFICIAL COPY

Property of Cook County Clerk's Office

95378566