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97502875

DEPT-01 RECORDING \$23.50
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#5223 + DR *-97-502875
COOK COUNTY RECORDER

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

BOBIE L HILL

being duly sworn

states that SHE resides at 10903 S LOWE AV in the City of CHICAGO

That SHE was acquainted with CALVIN HILL 97502875

deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as: LOT SIX (6) IN TENINGA & CO'S TENTH BELLEVUE ADDITION TO ROSELAND, A RESUBDIVISION OF THE NORTH HALF OF LOT FIFTY-TWO (EXCEPT THE WEST 153' THEREOF) AND EXCEPT ITS IN SCHOOL TRUSTEES SUBDIVISION OF SEC 16, TWP 37N, RANGE 14 EAST

That the deceased died MAY 2, 1997, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

P.I.N. 25-46-317-009

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 ONE HUNDRED THOUSAND (\$100,000) 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

BOBIE L HILL

OFFICIAL SEAL
CHRISTINA D. MAY
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/5/99
A.D. 1997

2350
BMR

this 10th day of JULY
Christina D. May

Bobie L Hill
(affiant's signature)

UNOFFICIAL COPY



Bobbie L Hill
10905 So Louise
Chicago - Ill. 60628

Property of Cook County Clerk's Office

97502875

STATE OF ILLINOIS
**MEDICAL EXAMINER'S - CORONER'S
 CERTIFICATE OF DEATH**

CASE # 10076087

REGISTRATION DISTRICT NUMBER

REGISTERED NUMBER

DECEASED NAME

FIRST MIDDLE LAST

SEX

DATE OF DEATH (MONTH, DAY, YEAR)

STATE CASE NUMBER

17502875

1. COUNTY OF DEATH **COOK** 2. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** 3. MALE 4. DATE OF BIRTH (MONTH, DAY, YEAR) **26 JANUARY 1924**

5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** 6. HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT EITHER, GIVE STREET AND NUMBER) **ROSEMARY HOSPITAL** 7. SOCIAL SECURITY NUMBER **426-44-2835** 8. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **BARBIE L. RYAN** 9. WASTED DECEASED EVER (NAME, ADDRESS, PHONE) **YES**

10. RESIDENCE (STREET AND NUMBER) **10905 S. ROWE** 11. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **8** 13. INSIDE CITY (YES/NO) **YES** 14. COUNTY **COOK**

15. FATHER - NAME FIRST MIDDLE LAST **CHARLES HILL** 16. MOTHER - NAME FIRST MIDDLE LAST **ADDIE STONE** 17. ZIP CODE **60628** 18. RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) **BLACK** 19. RELATIONSHIP **WIFE** 20. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, OR TOWN, STATE, ZIP) **10905 S. ROWE CHICAGO IL 60628**

21. DECEASED'S IMMEDIATE CAUSE (FATAL DISEASE OR CONDITION RESULTING IN DEATH) **ARTERIO SCLEROTIC CIRCU LASCULAR DISTRESS** 22. IMMEDIATE CAUSE (a) **(a) ARTERIO SCLEROTIC CIRCU LASCULAR DISTRESS** (b) **(b) DUE TO OR AS A CONSEQUENCE OF** (c) **(c) DUE TO OR AS A CONSEQUENCE OF**

23. PART I: OTHER SIGNIFICANT CONDITIONS (pertaining to death but not resulting in the underlying cause given in Part I) **DIABETES MELLITUS**

24. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) **NATURAL** 25. DATE OF INJURY (MONTH, DAY, YEAR) **MAY 1997** 26. HOUR **M.** 27. HOW INJURY OCCURRED (GENDER NATURE OF INJURY MENTIONED IN 24) **2ND** 28. DATE SIGNED **MAY 28 1997** 29. AT **11:33 P.M.**

30. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND OF THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND UNDER THE CAUSE(S) STATED, AND THAT **DR. SEGORA** 31. CORONERS - MEDICAL EXAMINER'S SIGNATURE **DR. SEGORA** 32. DATE SIGNED **MAY 28 1997** 33. AT **11:33 P.M.**

34. CORONER'S PHYSICIAN'S NAME (Type or Print) **DORIS ENNE SELVIA** 35. BIRTHPLACE (CITY AND STATE) **CHICAGO ILLINOIS** 36. DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 26 1924**

37. BIRTHPLACE (CITY AND STATE) **CHICAGO ILLINOIS** 38. DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 26 1924** 39. BIRTHPLACE (CITY AND STATE) **CHICAGO ILLINOIS** 40. DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 26 1924**

41. BIRTHPLACE (CITY AND STATE) **CHICAGO ILLINOIS** 42. DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 26 1924** 43. BIRTHPLACE (CITY AND STATE) **CHICAGO ILLINOIS** 44. DATE OF BIRTH (MONTH, DAY, YEAR) **MAY 26 1924**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
MAY 7 1997

I, 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
 LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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