

DECEASED
JOINT
TENANCY
AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

Order No. 7288-64

THE ABOVE SPACE FOR RECORDER'S USE ONLY

David Linnear being duly sworn states that he
resides at 9333 S. Crandon in the City of Chicago

That he was acquainted with Lula M. Linnear
deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described
as:

LOT 18 AND THE NORTH 5 FEET 8 INCHES OF LOT 19 IN S.E. CROSS CALUMET HEIGHTS ADDITION TO
SOUTH CHICAGO BEING A SUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 4, TOWNSHIP 37
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

9333 S. CRANDON, CHICAGO, IL 60617
#25-01-423-060

O'CONNOR TITLE
SERVICES, INC.

7288-64

That the deceased died 7/13/96 as evidenced by a certified copy of the death

That the deceased died:

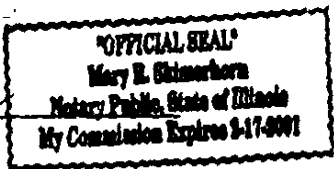
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the approved will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the 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, does not exceed the sum of \$85,000.00 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 David Linnear this 24TH day of OCTOBER A.D. 1997

Mary E. Skimmerhorn
Notary Public



David Linnear Sr.
(Affiant's Signature)

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16:33	REGISTERED NUMBER 507	DECEASED NAME LULA LINNEAR		SEX 2 FEMALE	DATE OF DEATH (MONTH DAY YEAR) JULY 13, 1996
CITY OF DEATH COOK		UNDERLYING CAUSE 5b 65		DATE OF BIRTH (MONTH DAY YEAR) 5d NOVEMBER 10, 1930	
CITY TOWN TWP OR ROAD DISTRICT NUMBER 6a EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET ADDRESS AND NUMBER) 6b LITTLE COMPANY OF MARY		IF HOSP OR INST INDICATE D.O.A. (IF EMER OR INPATIENT (SPECIFY)) 6c EMER. RM.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 MISSISSIPPI		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 8a MARRIED		NAME OF SURVIVING SPOUSE (MAKER NAME) 8b DAVID LINNEAR	
SOCIAL SECURITY NUMBER 10 354-24-1728		USUAL OCCUPATION 11a supervisor		EDUCATION (SPECIFY) (SEE INSTRUCTIONS) 9 NO	
RESIDENCE (STREET AND NUMBER) 13a 9333 SOUTH CRANDON		CITY TOWN TWP OR ROAD DISTRICT NO 13b CHICAGO		INSIDE CITY (YES/NO) 12 YRS	
STATE 13c ILLINOIS		RACE (WHITE BLACK AMERICAN INDIAN OR OTHER) (SPECIFY) 14a BLACK		COUNTRY 13d COOK	
FATHER NAME (FIRST MIDDLE LAST) 15 LEE HENRY BENFORD		MOTHER NAME (FIRST MIDDLE LAST) 16 ANNIE (REDMOND)		RELATIONS TO DECEASED (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17b US 333 SOUTH CRANDON, CHGO. IL.	
INFORMANT NAME (TYPE OR PRINT) 18 PARTI DAVID LINNEAR		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line. (a) Cardio Pulmonary Arrest			
IMMEDIATE CAUSE (Final disease or condition resulting in death) (b) DUE TO OR AS A CONSEQUENCE OF		CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c) DUE TO OR AS A CONSEQUENCE OF			
DATE OF OPERATION, IF ANY 20a		MAJOR FINDINGS OF OPERATION 20b		AUTOPSY (YES/NO) 19a NO	
DATE OF OPERATION, IF ANY (MONTH DAY YEAR) 21a		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES		WAS THE DEATH A PREGNANCY IN PAST THREE MONTHS? 20c YES NO X X	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 22a		SIGNATURE OF CERTIFIER (TYPE OR PRINT) DR. R. THAWANI		DATE SIGNED (MONTH DAY YEAR) 7-17-96	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b		ILLINOIS LICENSE NUMBER 22c IL 36089369		NOTE IF AN HUSBAND WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 23		CEMETERY OR CREMATORY NAME (TYPE OR PRINT) DR. R. THAWANI		DATE (MONTH DAY YEAR) 24d JULY 20, 1996	
BURIAL REMOVAL (SPECIFY) 24b BURLIAL		STREET AND NUMBER OR R.F.D. LOCATION 24c CEDAR PARK CHICAGO, ILLINOIS		CITY OR TOWN STATE ZIP CHICAGO, ILLINOIS 60620	
FUNERAL HOME 25a GOLDEN GATE FUNERAL HOME, 2036 WEST 79th. ST., CHICAGO, ILLINOIS 60620		FUNERAL DIRECTOR'S SIGNATURE 25b [Signature]			
LOCAL REGISTRAR'S SIGNATURE 26a [Signature]		DATE OF LOCAL REGISTRATION (MONTH DAY YEAR) JULY 18, 1996			

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE JULY 18, 1996
AT EVERGREEN PARK, ILLINOIS

REGISTRAR [Signature]
DEPUTY REGISTRAR _____

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