



CHICAGO TITLE INSURANCE COMPANY

P.O. BOX 97767, CHICAGO, IL 60678-7767

UNOFFICIAL COPY

97827008

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } ss.

Order No.: 1401 000000001 TR

TEACORA MCCORD GATTON

being duly sworn states that I resides at 3419 W. FULTON ST
in the City of CHICAGO

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

LOT 13 IN BLOCK IN WILSON AND GOULD'S SUBDIVISION OF THE WEST
HALF OF LOT 5 IN SUPERIORS COURT PARTITION OF THE EAST HALF OF
SECTION 2, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

16-02-474-009

97827008

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506670104 50 001 1997 11-04 10:21:48
Cook County Recorder 43.50

That the deceased died OCTOBER 9, 1986, as evidenced by a certified copy of death
certificate of the deceased attached hereto.

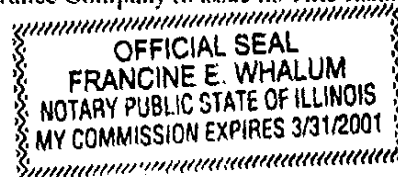
That the deceased died:

- 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 _____.

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 \$5,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing 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 19th day of September, A.D. 19 97

[Signature]
Notary Public

[Signature]
(Affiant's Signature)

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Property of Cook County Clerk's Office



Ricardo Flores
909 N HOMER
Chicago IL 60651

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SEP 12 1997

STATE OF ILLINOIS
County of Cook

ss. DAVID D. ORR, County Clerk

I, DAVID D. ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David D. Orr
County Clerk

191-10-86

STATE OF ILLINOIS

STATE FILE NUMBER

62037A

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

CERTIFICATE
TEMPORARY
CERTIFICATE
DECEASED
PARENTS
CAUSE
CERTIFIED
DISPOSITION

| | | | |
|--|---|---|---------------------------------------|
| REGISTRATION DISTRICT NO. 16.10 | REGISTERED NUMBER 191-10-86 | STATE OF ILLINOIS | STATE FILE NUMBER 62037A |
| 1. DARLENE GATTON Female | | | |
| DATE OF DEATH: Oct 9-1986 | MAY 21-1945 | | |
| CITY, TOWN, TWP. OR RICE DISTRICT NUMBER: Chicago | HOSPITAL OR OTHER INSTITUTION: MT. SINAI | CITY, TOWN, TWP. OR RICE DISTRICT NUMBER: Chicago | COUNTY OF DEATH: Cook |
| STATE OF BIRTH: Illinois | CITY OF BIRTH: USA | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (CHECK ONE): Widowed | NAME OF SURVIVING SPOUSE: NONE |
| SOCIAL SECURITY NUMBER: MA 136 | JOBAL OCCUPATION: Homemaker | KIND OF BUSINESS OR INDUSTRY: HOME | WAR OR DATES OF SERVICE: NONE |
| RESIDENCE STREET AND NUMBER: 3419 W. Fulton St. | CITY, TOWN, TWP. OR ROAD NO.: Chicago | COUNTY: Cook | STATE: Illinois |
| FATHER - NAME: Virgil Gatton | MOTHER - MAIDEN NAME: TEACORA M Coed | INFORMANT'S NAME (TYPE OR PRINT): TEACORA Gatton | |
| 18. DEATH WAS CAUSED BY: Dilated Cardiomyopathy | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: Natural | | | |
| I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND UPON THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT | | | |
| MEDICAL EXAMINER'S SIGNATURE: EUPHIL CHOI, M.D. | | DATE SIGNED: Oct. 9, 86 | DATE OF DEATH: Oct. 10, 1986 |
| BURIAL, CREMATION, REMOVAL (CHECK ONE): Burial | CEMETERY OR CREMATORY - NAME: Restvale | LOCATION: Worth, Illinois | DATE: Oct 13, 1986 |
| FUNERAL HOME: House of Branch 8125 W. Roosevelt Rd Chicago, Ill. 60612 | | | |
| FUNERAL DIRECTOR'S SIGNATURE: Norothy L. Branch | | | |