



UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

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

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 7 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 - 424-009

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Page 1 of 2
3866/0104 50 001 1897 11-04 16:21:48
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:

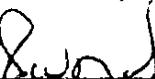
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

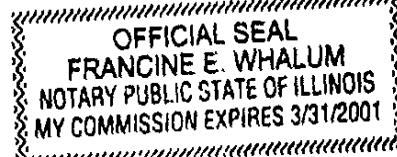
That the total value of the estate of the deceased, including both real and personal property owned by the deceased
either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of
\$5,000.00 dollars.

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

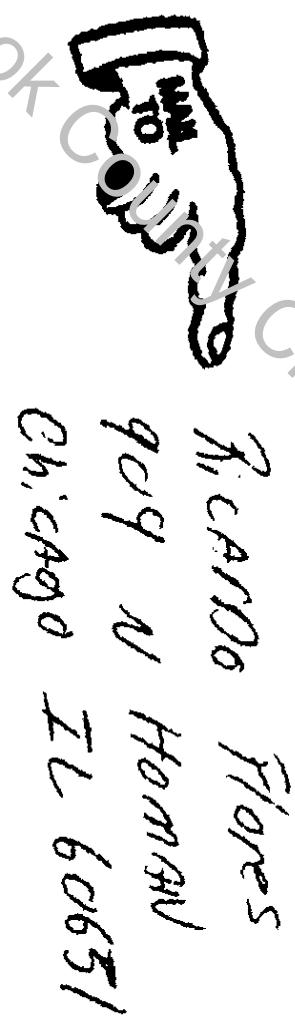

Notary Public




(Affiant's Signature)

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Property of Cook County Clerk's Office



Ricardo Flores
909 N. Dearborn
Chicago IL 60631

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SFP 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

CERTIFICATE TEMPORARY CERTIFICATE RECEIVED DATING:		REGISTRATION DISTRICT NO. 16.10	191-10-86	STATE OF ILLINOIS MEDICAL EXAMINER'S CERTIFICATE OF DEATH		STATE FILE NUMBER 62037A	
NAME OF PERSON PERMANENT I.D. SOCIAL SECURITY NUMBER INSTRUCTIONS: A. - D.F.C.		NAME GATTON BLACK M. A. American Dr. #1 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		SEX FEMALE DATE OF DEATH Oct 9, 1986		MONTH DAY YEAR MAY 21-1945 COOK	
DECEASED C. 2704		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER E. 700		HOSPITAL OR OTHER INSTITUTION - NAME & ADDRESS CHICAGO		NAME OF SURVIVING WIDOW (WIFE'S NAME, IF MARRIED) Sop	
B.		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER b. Illinois		MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED DATE: II 10. Widower		NAME OF SURVIVING WIDOW (WIFE'S NAME, IF MARRIED) NONE	
C.		SOCIAL SECURITY NUMBER 13. Father - Name		USUAL OCCUPATION HOME		WAR OR DATES OF SERVICE No	
D.		14. Residence Street and Number 3419 W. Fulton St.		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		13. Father - Name Illinois	
E.		15. Father - Name Virgil Gatton		16. Mother - Maiden Name Tea Cora		14. Residence Street and Number 3410 W. Fulton St.	
F.		INFORMANT'S NAME (TYPE OR PRINT) Tea Cora Gatton		RELATIONSHIP Mother		15. Father - Name M Coed	
G.		17. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Dilated Cardiogopathy DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
H.		PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		AUTOPSY RESULTS		H. OTHER CONDITIONS NOT RELATED TO DEATH 18. Yes	
I.		ACCIDENT, SUICIDE, HOMICIDE OR BABYFACED (SPECIFY) 20a. Natural		DATE OF INJURY (MONTH, DAY, YEAR) 20b. 200		TIME HOUR 20c. 20e.	
J.		INJURY AT WORK PLACE OF INJURY (WORKERS' COMPENSATION, FARM, STORE, FACTORY, OFFICE, HOME, ETC.) (SPECIFY) 20d. 20f.		LOCATION/CITY, STATE, OR TOWN OR ZIP OR RC, CITY, NO., COUNTY, STATE		HOW INJURY OCCURRED INTERVAL NATURE OF INJURY MENTIONED IN PART I (b) (SPECIFY) 20g.	
K.		I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND (b) THE INVESTIGATION, THIS DEATH OCCURRED ON THIS DATE, AT THIS PLACE AND DUE TO THE... (SPECIFY), AND THAT 21a. 21b. Oct. 9, 1986		THE DECEDENT WAS PRONONCED DEAD ON MONTH YEAR 21c. 10, 1986		21d. DATE SIGNED (MONTH, DAY, YEAR) 21e. Oct. 10, 1986	
L.		MEDICAL EXAMINER'S SIGNATURE <i>Roger J. McSorley, M.D.</i>		22. BURIAL, Cremation, Removal Receipt 24a. Burial		23. CEMETERY OR Crematory Name EUPHILL CHOI, M.D.	
M.		24b. LOCATION CITY OR TOWN 24c. Woodlawn, Illinois		24d. STATE 24e. IL		24f. DATE (MONTH, DAY, YEAR) Oct 23-1986	
N.		25a. FUNERAL HOME NAME 25b. Hellas of Branch 8125 W. Roosevelt Rd.		25c. STREET AND NUMBER OR P.O. BOX 25d. Dorothy L. Branch		25e. FUNERAL DIRECTOR'S SIGNATURE 25f. Dorothy L. Branch	
O.		25g. FUNERAL DIRECTOR'S SIGNATURE 25h. Dorothy L. Branch		25i. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25j. 5752		25k. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25l. 60612	