

COOK COUNTY  
& RECORDER  
JESSE WHITE  
MARKHAM OFFICE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

(221-28-4670)  
SS.

Order No. \_\_\_\_\_

Bobbie Jean Corbbins being duly sworn  
states that she resides at 6400 S. Bishop in the City of  
CHICAGO

That she was acquainted with Richard M Freeman Jr.  
deceased who, at the time of his death, was one of the owners of the land in  
Cook County, Illinois, described as:

That the deceased died January 21, 1997, as evidenced by a  
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

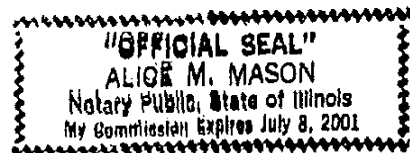
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in 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 deceased, does not exceed the sum of \$ 25,000.00 dollars.

Subscribed and sworn to before me by the said  
Bobbie J. Corbbins  
this 3rd day of Nov, A.D. 19 97

Alise M. Mason  
NOTARY PUBLIC

Bobbie J. Corbbins  
(affiant's signature)



# UNOFFICIAL COPY

LOT FORTY EIGHT (48)

In Block Seven (7) in Daniel Goodwin's Subdivision of the Northwest Quarter (4) of the Northwest Quarter (4) of Section 20, Township 38 North, Range 14, East of the Third Principal Meridian.

Pin# 20.20.110.023.0000

Property of Cook County Clerk's Office



Bobbie J. Corbbins  
6400 2. Bishop  
Chgo. Il. 60636

97960084

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STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

601583

REGISTRAR DISTRICT NO. 16.10 REGISTERED NUMBER

DECEASED - NAME: **Richard Freeman, Jr.** SEX: **Male** DATE OF DEATH: **January 21, 1997**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** COUNTY: **Cook**

AGE - LAST BIRTHDAY (MRS): **65** UNDER 1 DAY: **5d** DATE OF BIRTH: **July 3, 1931**

HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN ITEM 8c, GIVE STREET AND NUMBER): **Swedish Covenant** 8c: **D.O.A.**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Dorothy Washington**

USUAL OCCUPATION: **Engineer** KIND OF BUSINESS OR INDUSTRY: **Hospital** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12, 10**

RESIDENCE (STREET AND NUMBER): **346-24-0515** CITY, TOWN, OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY (YES/NO): **Yes**

FACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)): **Black** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **Yes**

FATHER - NAME: **Richard Freeman, Sr.** MOTHER - NAME: **Hattie C. Keefe**

INFORMANT'S NAME (TYPE OR PRINT): **Dorothy Freeman** RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY, TOWN, STATE, ZIP): **17c. 1629 N. Luna, Chicago, IL**

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Lobar pneumonia**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: **(a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF**

PART II: Describe significant conditions contributing to death but not resulting in the underlying cause shown in PART I.

DATE OF OPERATION, IF ANY: **None** MAJOR FINDINGS OF OPERATION: **None**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO): **Yes** HOUR OF DEATH: **2:45 A.M.**

DATE OF OPERATION, IF ANY: **None** MAJOR FINDINGS OF OPERATION: **None**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **A. Riazi, M.D. 5721 N. Ashland Chicago, IL**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **None**

BURIAL CEMETERY OR CREMATORY: **Burial Restvale** CITY OR TOWN: **Worth, IL** STATE: **IL**

FUNERAL HOME: **J. R. Jones Funeral Home 5515 W. Chicago Ave. Chicago, IL 60651**

CERTIFIER'S SIGNATURE: **[Signature]** LOCAL REGISTRAR'S SIGNATURE: **[Signature]**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JAN 28 1997**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JAN 28 1997**

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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