

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) ss.
COUNTY OF Cook)

Order No. 7339-48

THE ABOVE SPACE FOR RECORDER'S USE ONLY

Lawrence Sherman being duly sworn states that he
resides at 3846 W. POLK in the City of Chicago.
That he was acquainted with Ethel Sherman
deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described
as:

LOT 64 IN GARFIELD BOULEVARD TO CHICAGO IN THE SOUTHWEST QUARTER OF SECTION 14, TOWNSHIP
39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE MAP RECORDED
OCTOBER 3, 1888 AS DOCUMENT 1011884 IN BOOK 22 OF PLATS, PAGE 5, IN COOK COUNTY, ILLINOIS.

3846 W. POLK, CHICAGO, IL. 60624

#16-14-310-023



O'CONNOR TITLE
SERVICES, INC.

7339-48

That the deceased died 6/1/80, 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 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 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 \$70,000.00 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 Lawrence Sherman this 19TH day of DECEMBER A.D. 19 97.

Karen N. McCracken
Notary Public

OFFICIAL SEAL
Karen N. McCracken
Notary Public, State of Illinois
Cook County

Lawrence Sherman
(Affiant's Signature)

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Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO 16.10

STATE OF ILLINOIS

STATE FILE NUMBER 612054

MEDICAL CERTIFICATE OF DEATH

JUNE 3, 1980

STATE OF ILLINOIS }
COUNTY OF COOK } SS
CITY OF CHICAGO }

Hugo H. Muris, M.D. 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

97869411

This Certified Copy VALID
When MULTICOLOR SEAL
AND BLUE SIGNATURE ARE
Affixed.

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DECEASED - NAME: **ETHEL SHERMAN** (LAST, FIRST, MIDDLE)

SEX: **2. FEMALE**

DATE OF DEATH: **JUNE 01 1980** (MONTH, DAY, YEAR)

AGE: **85** (AT BIRTH, IN YEARS, MONTHS, DAYS)

DATE OF BIRTH: **6 AUGUST 15, 1894** (MONTH, DAY, YEAR)

CITY OF BIRTH: **Chicago** (CITY, TOWN, VILLAGE, OR OTHER INSTITUTION - NAME IF NOT IN STATE OF ILLINOIS, AND NUMBER)

CITIZENSHIP: **7c. U.S.A.**

MARRIAGE STATUS: **10. WIDOWED**

USUAL OCCUPATION: **13a. HOUSEWIFE**

RESIDENCE: **14b. 3846 W. POLK ST CHICAGO**

FATHER: **AMOS HENDERSON**

MOTHER: **ZILPHEA HENDERSON**

RELATIONSHIP: **17b. CLERK**

MAILING ADDRESS: **17c. HOSPITAL RECORDS 1500 S FAIRFIELD CHICAGO ILLINOIS**

DEATH CAUSE: **18. (a) Acute Myocardial Infarction**

IMMEDIATE CAUSE: **(b) DUE TO OR AS A CONSEQUENCE OF**

OTHER SIGNIFICANT CONDITIONS: **(c) DUE TO OR AS A CONSEQUENCE OF**

DATE OF OPERATION: **6-7-80**

MAJOR FINDINGS OF OPERATION: **Acute Myocardial Infarction**

DATE OF CERTIFICATE: **6-1-80**

NAME AND ADDRESS OF CERTIFIER: **DR. HARALYN E. TOMAN 1500 SOUTH FAIRFIELD CHICAGO ILLINOIS 60668**

ILLINOIS LICENSE NUMBER: **36-34737**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **DR. HARALYN E. TOMAN**

BURIAL CEMETERY OR CREMATORY: **24b. Burr Oak**

LOCATION: **24c. Alsip, Illinois**

DATE OF BURIAL: **24d. June 7, 1980**

FUNERAL HOME: **25b. House of Branch**

STREET AND NUMBER ON P.O.: **3125 W. ROOSEVELT**

CITY OR TOWN: **Chicago**

STATE: **Illinois**

DATE RECD. BY LOCAL REGISTRAR: **JUN 3 1980**

CHICAGO DEPT. OF HEALTH
RICHARD J. DALEY CENTER, ROOM 511
CONCOURSE LEVEL, CHICAGO 60602

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - Office of Vital Records
VR 200 (REV. 11-78)

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