

UNOFFICIAL COPY

JOHN K. NORRIS

97099096

77 W. WASHINGTON ST. STE 1012
CHICAGO, IL 60602 - 2805

DEPT-01 RECORDING \$23.50
T#0003 TRAN 3544 02/11/97 11:31:00
#4925 # YP *-97-099096
COOK COUNTY RECORDER

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

Order No. _____

James A. Futton

being duly sworn

states that he resides at 6870 S. Prairie Avenue in the City of Chicago.

That he was acquainted with B. D. Futton

deceased who, at the time of her death, was one of the owners of the land in Chicago, Cook County, Illinois, described as: Lot Seventeen (17) in Cornell's Subdivision of Block 11 in Freer's Subdivision (as Receiver) of the East Half (1/2) of the Southwest Quarter (1/4) of Section 22, Township 38 North, Range 14, East of the Third Principal Meridian. PIA 20-22-309-036-0000

That the deceased died November 11, 1961, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

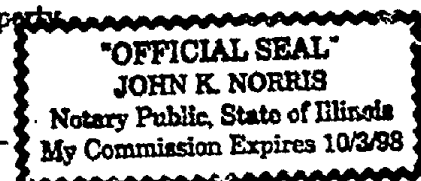
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven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

James A. Futton



23.50 out

this 5th day of February, A.D. 19 97

John K. Norris
Notary Public

James A. Futton
(affiant's signature)

96093096

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Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

JAN 7 1997

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

ORIGINAL

STATE OF ILLINOIS

STATE FILE NUMBER

81227

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.10

REGISTERED NUMBER

DECEDENT'S BIRTH NO.		1. PLACE OF DEATH a. STATE ILLINOIS b. COUNTY COOK		2. USUAL RESIDENCE (where deceased lived if not on residence before 1-31-1961) a. STATE ILLINOIS b. COUNTY COOK		REGISTRATION DISTRICT NO 16.10		REGISTERED NUMBER	
c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		c. <input checked="" type="checkbox"/> INSIDE corporate limits and in City, Village, or Incorporated Town CHICAGO		d. <input type="checkbox"/> OUTSIDE corporate limits and in Township name Road District No.		e. LENGTH OF RESIDENCE AT 2 or 30 35 YEARS			
f. NAME OF HOSPITAL OR INSTITUTION CHICAGO OSTEOPATHIC HOSPITAL		g. LENGTH OF STAY IN " 1 DAY		1. RESIDENCE ADDRESS (Street & No. or R.F.D. and Post Office) 6840 S. PRAIRIE AVE.		2. Did decedent reside ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED a. (FIRST) BILLIE b. (MIDDLE) c. (LAST) PATTON		4. DATE OF DEATH (MONTH) (DAY) (YEAR) 11 11 61		5. SEX FEMALE 6. RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) MARRIED		8. DATE OF BIRTH 8/14/20	
9. AGE (years last birthday) 41		10. USUAL OCCUPATION HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (City and state or foreign country) BATON ROUGE, LA.		12. Citizen of what country? U.S.A.			
13. FATHER'S FULL NAME PERCY FENDLETON		14. MOTHER'S FULL MARRIAGE NAME VIVIAN FRENCH		15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) (Give war or dates of service) NO		16. SOCIAL SECURITY NUMBER link.		17. INFORMANT a. SIGNATURE Eleanor C. Sirentson b. ADDRESS 5200 S. ELLIS AVE.	
18. MEDICAL CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B) and (C)]		IMMEDIATE CAUSE (A) GASTROINTESTINAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH HOURS		CONDITIONS, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. due to (B) HEPATIC INSUFFICIENCY		MONTHS	
		due to (C) CHOLANGIAL CARCINOMA OF LIVER		MONTHS		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION							

NOTE: If an injury was involved in this death, the Coroner must be notified.

21. I hereby certify that I attended the deceased from AUG. 7 1961 to 11/11/61 19 that I last saw the deceased alive on 11/11/61 19 and death occurred at 5:35 P.M. from the causes and on the date stated above.

Signature: Ward E. Perrin M.D.O. License Number: 36779 Date: 11/14/61

Address: 5200 S. ELLIS AVE. CHICAGO 15 ILL. Phone: DO. 3-6800

22. DISPOSITION: BURIAL ~~XXXXXX~~ Date 11-15-61 23. FUNERAL DIRECTOR: A. A. RAYNER & SONS
CEMETERY: HOLY SEPULCHRE SIGNATURE: [Signature] License
LOCATION: WORTH, ILLINOIS, ADDRESS: 318 E. 71ST ST. CHICAGO, ILLINOIS. Number: 626

24. Received for filing on NOV 14 1961 Samuel D. Abdelman

LOCAL REGISTERED

1961-1962 based on the 1958 Standard Certificate of Death.

VS & R 200-BUREAU OF STATISTICS-ILLINOIS DEPARTMENT OF PUBLIC HEALTH

