

UNOFFICIAL COPY

DECEASED
JOINT
TENANCY
AFFIDAVIT

97311783

STATE OF ILLINOIS)
) ss.
COUNTY OF COOK)

DEPT-01 RECORDING #23.SF
T#0014 TRAN 2108 05/05/97 13:35:00
#0805 # JW #-97-311783
COOK COUNTY RECORDER

Order No. 7098-64

THE ABOVE SPACE FOR RECORDER'S USE ONLY

RUTH WATSON being duly sworn states that SHE
resides at 410 W. ENGELWOOD in the City of CHICAGO.
That SHE was acquainted with WILLIE WATSON
deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois,
described as:

LOT 8 IN LINSENBARTH'S RESUBDIVISION OF LOT 1 (EXCEPT THE EAST 7 FEET)
THE SOUTH 169.6 FEET OF LOT 2, THE EAST 69 FEET OF THE NORTH 136.6 FEET
OF LOT 2 AND THE EAST 16 FEET OF THE 169.6 FEET OF LOT 3 IN LINSENBARTH'S
SUBDIVISION OF LOT 36 IN THE SCHOOL TRUSTEE'S SUBDIVISION OF LOT 36 IN THE
SCHOOL TRUSTEE'S SUBDIVISION OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 14,
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

410 W. ENGELWOOD, CHICAGO, IL
#20-16-323-029

O'CONNOR TITLE
SERVICES, INC.
7098-64

That the deceased died _____ as evidenced by a certified copy of
the death certificate of the deceased attached hereto.

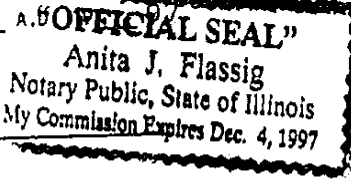
- That the deceased died:
- Leaving no Last Will & Testament.
 - Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
 - Leaving a Last Will & Testament which was filed in the Unproven Will Box of the 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 \$60,000.00 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 RUTH WATSON this 30TH day of APRIL

Anita J. Flassig
Notary Public



Ruth Watson
(Affiant's Signature)

UNOFFICIAL COPY

REGISTERED NUMBER 606293

MEDICAL CERTIFICATE OF DEATH

APR 03 1992

APR 03 1992 97211703

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

VIRGINIA L. PARKER, M.B.A. LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE REPPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

Virginia L. Parker
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

REGISTERED NUMBER 606293

DECLARANT NAME Willie Miller

LAST NAME Watson

DATE OF DEATH March 31, 1992

AGE 69

SEX Male

DATE OF BIRTH May 31, 1922

HOSPITAL OR OTHER INSTITUTION Reformed Hospital

MARKED REVERSED No

PROBATION REVOKED No

USUAL OCCUPATION Operator

RESIDENCE STREET AND NUMBER 10918-16-5542

CITY, TOWNSHIP, OR ROAD DISTRICT NO. Chicago

CITY, TOWNSHIP, OR ROAD DISTRICT NO. Chicago

CITY Chicago

COUNTY Cook

STATE Illinois

RACE Black

RELATIONSHIP Spouse

FATHER'S NAME Chester Watson

MOTHER'S NAME Lucy

RESIDENCE CITY AND STATE Chicago, Illinois

EDUCATION 12

INDUSTRIAL INJURY No

DATE OF BIRTH May 31, 1922

DATE OF DEATH March 31, 1992

TIME OF DEATH 7:20 A.M.

PLACE OF DEATH Reformed Hospital

CAUSE OF DEATH 1. Coronary Atherosclerosis
2. Myocardial Infarction
3. Hypertension

DIAGNOSIS Coronary Atherosclerosis

SIGNATURE *Willie Miller*

DATE APR 03 1992

CITY Chicago

STATE Illinois

CITY Chicago

STATE Illinois

DATE APR 03 1992

CITY Chicago

STATE Illinois

DATE APR 03 1992

CITY Chicago

STATE Illinois