

UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } *mail to:*
 COUNTY OF COOK } *1st Intl Bldg Chicago*
SS: 1860 S naperville rd.
Wheaton, IL 60187

ORDER NO. 198021393
 DATE: 6-25-98

DARLENE M SIMMONS *PA*, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 7350 S CARPENTER in the City of CHICAGO :

That the decedent at the time of his/her death was an owner of the property located in COOK County, Illinois, legally described as follows:

LOT 9 IN BLOCK 2 IN STAPLE'S SUBDIVISION OF THE SOUTH 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 29, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

pin # 20-29-218-045

98590145

9557/0179 03 001 Page 1 of 2
 1998-07-09 12:23:00
 Cook County Recorder 43.00

20-29-218-045

That SHE was acquainted with ZYLEAN WILLIAMS deceased who, at the time of HER death, was one of the owners of the land in COOK County, Illinois, described above.

That said decedent died on December 12, 1997 leaving no last will and testament;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$ 40,000.00 ;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce TITLECOMPANY to issue its Policy of Title Insurance on the above described property.



Signature *Darlene M Simmons*

SUBSCRIBED AND SWORN TO before me this 25 day of June - 1998 a Notary Public in and for said State and County.
Emmitt N. Bowles

NOTE: If the decedent left a will it will be necessary that the original or a certified copy thereof be presented to us for inspection.

A death certificate together with evidence of payment of death taxes, if any, should accompany this affidavit.

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2014/01/13

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

REGISTER NUMBER **16.10**
DECEASED NAME **WILLIAMS**
DATE OF DEATH **3 DECEMBER 12, 1997**

1. COUNTY OF DEATH **COOK**
 2. CITY, TOWNSHIP, OR RECORD DISTRICT NUMBER **CHICAGO**
 3. SEX **2 FEMALE**
 4. DATE OF BIRTH **54 JANUARY 4, 1915**
 5. AGE (LAST BIRTHDAY) **82**
 6. HOSPITAL OR OTHER INSTITUTION (NAME, ADDRESS, CITY, STATE, AND ZIP CODE) **THE UNIVERSITY OF CHICAGO HOSPITALS**
 7. MARITAL STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE) **DIVORCED**
 8. USUAL OCCUPATION **None**
 9. NAME OF SURVIVING SPOUSE (NAME, ADDRESS, CITY, STATE, AND ZIP CODE) **None**
 10. SOCIAL SECURITY NUMBER **434-30-1767**
 11. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE, HISPANIC OR LATINO) **BLACK**
 12. EDUCATION (HIGH SCHOOL GRADUATE, COLLEGE GRADUATE, POSTGRADUATE) **None**
 13. COUNTY **COOK**
 14. CITY **CHICAGO**
 15. ZIP CODE **60621**
 16. PATHER NAME (FIRST, MIDDLE, LAST) **ELLIS Washington**
 17. DEBRA MCCAA

18. PART I. Cause of death (fill in as much detail as possible, but only one cause will count)
1a. GASTROINTESTINAL BLEED
1b. MYELODYSPLASTIC SYNDROME
 CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (IN STATING THE UNDERLYING CAUSE LAST)
1c. GASTROINTESTINAL BLEED DUE TO, OR AS A CONSEQUENCE OF
1d. MYELODYSPLASTIC SYNDROME DUE TO, OR AS A CONSEQUENCE OF

19. SIGNATURE **John J. Hoffman MD**
 20. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (TYPE OR PRINT)
5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637
 21. DATE OF DEATH **22 DECEMBER 14, 1997**
 22. HOUR OF DEATH **10:36 P.M.**
 23. DATE OF OPERATION, IF ANY
 24. NAME AND ADDRESS OF OPERATOR (TYPE OR PRINT)
JOHN ULMANN, MD
Burr Oak Cerm.

25. NAME AND ADDRESS OF FUNERAL HOME (TYPE OR PRINT)
Catling's Chapel Inc. 10133 So. Halsted Chgo, IL. 60628
 26. LOCAL REGISTRAR'S SIGNATURE
John J. Hoffman
 27. LOCAL REGISTRAR'S NAME (TYPE OR PRINT)
John J. Hoffman
 28. LOCAL REGISTRAR'S ADDRESS (TYPE OR PRINT)
10133 So. Halsted Chgo, IL. 60628

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

I, **SHERILA LYNE, RSW, 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 FOR THE CITY OF CHICAGO AND 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

DEC 19 1997

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

