



LAND TITLE AMERICA

15 SPINNING WHEEL ROAD SUITE 210 HINSDALE IL 60521 (708) 323-9870

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

} SS

RE: FILE NO. 45-418865-CY

(2)

Queen Esther Wilson, being duly sworn and for the purpose of inducing Land Title America, Inc. to delete all title exceptions caused by the death of GEORGE WILSON, states:

- 1. That Affiant resides at 7122 S MAY, CHGO
- 2. That Affiant was acquainted with said decedent who died on 7/13/99 as evidenced by the certified copy of death certificate attached hereto;
- 3. That said decedent was one of the owners of land:
  - described in the subject file, or;
  - legally described as follows;
- 4. That said decedent died:
  - leaving no Last Will and Testament;
  - leaving a Last Will and Testament, a copy of which is attached hereto;
- 5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ 55,000.00

Subscribed and sworn to before

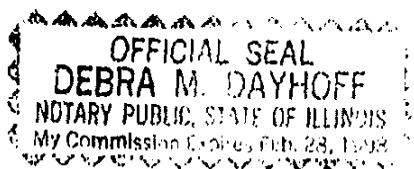
me by the said

Affiant

this 2nd day of Feb, 1998

Queen Esther Wilson (Affiant's Signature)

Debra M. Dayhoff Notary Public



45-418865-CY LAND TITLE AMERICA, INC.

UNOFFICIAL COPY

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER **613462**

JUL 14 1989  
 STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

STATE OF ILLINOIS  
 MEDICAL CERTIFICATE OF DEATH  
 NUMBER 613462

1. DECEASED NAME: **GEORGE** FIRST: **WILSON** MIDDLE: **WILSON** LAST: **WILSON** SEX: **MALE** DATE OF BIRTH: **JULY 13, 1989** MONTH: **JULY** DAY: **13** YEAR: **1989**

2. COUNTY OF DEATH: **COOK** CITY: **CHICAGO** DISTRICT: **SAINT BERNARD** HOSPITAL OR OTHER INSTITUTION: **INPATIENT**

3. MARITAL STATUS: **MARRIED** OCCUPATION: **JANITOR** PLACE OF BIRTH: **CHICAGO** DATE OF DEATH: **JUNE 5, 1990**

4. RESIDENCE: **7123 SOUTH MAY** ZIP CODE: **60620** RACE: **Black** ETHNIC ORIGIN: **Black** SEX: **MALE** YES:  NO:

5. DECEASED'S SIGNATURE: **Frank Wilson** DATE: **7-11-89** SIGNATURE OF REGISTRAR: **Frank Wilson** DATE: **7-11-89**

6. CAUSE OF DEATH: **CANCER OF THE LUNGS**  
 (a) **TRACHEAL OBSTRUCTION**  
 (b) **METASTATIC LUNG CANCER**

7. SIGNATURE OF DECEASED: **George Wilson** DATE: **7-11-89** SIGNATURE OF REGISTRAR: **George Wilson** DATE: **7-11-89**

8. SIGNATURE OF PHYSICIAN: **Barushetty** DATE: **7-13-89** SIGNATURE OF REGISTRAR: **Barushetty** DATE: **7-13-89**

9. SIGNATURE OF FUNERAL DIRECTOR: **Barushetty** DATE: **7-13-89** SIGNATURE OF REGISTRAR: **Barushetty** DATE: **7-13-89**

10. SIGNATURE OF LOCAL HEALTH OFFICER: **Barushetty** DATE: **7-13-89** SIGNATURE OF REGISTRAR: **Barushetty** DATE: **7-13-89**

11. SIGNATURE OF LOCAL HEALTH OFFICER: **Barushetty** DATE: **7-13-89** SIGNATURE OF REGISTRAR: **Barushetty** DATE: **7-13-89**

12. SIGNATURE OF LOCAL HEALTH OFFICER: **Barushetty** DATE: **7-13-89** SIGNATURE OF REGISTRAR: **Barushetty** DATE: **7-13-89**

13. SIGNATURE OF LOCAL HEALTH OFFICER: **Barushetty** DATE: **7-13-89** SIGNATURE OF REGISTRAR: **Barushetty** DATE: **7-13-89**

14. SIGNATURE OF LOCAL HEALTH OFFICER: **Barushetty** DATE: **7-13-89** SIGNATURE OF REGISTRAR: **Barushetty** DATE: **7-13-89**

I, JAMES S.W. MASTERSON, ALPH. ACTING REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I HAVE REVIEWED THE RECORDS OF BIRTHS, DEATHS AND MARRIAGES 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 AND CORRECT COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS IS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

AUG 31 1989

UNOFFICIAL COPY

Property of Cook County Clerk's Office