

# UNOFFICIAL COPY

103131

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5622/0155 S1 601 1996-02-06 12:34:01  
Cook County Recorder : 05.50

## DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS )  
                         ) SS. Order No. \_\_\_\_\_  
COUNTY OF           )

JAMES L. Wilson being duly sworn

states that HE resides at 9124 S. MERRILL, in the CITY of CHICAGO, County of COOK, State of ILLINOIS.

That HE was acquainted with Shirley A. Wilson deceased who, at the time of his death was one of the owners of the land in CLARK County, Illinois, legally described as:

P.I.N. 25-01-402-076-0000

Common Address: 9124 S. MERRILL

That the deceased died OCTOBER 22, 1995, 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 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 N/A.

Affiant makes this affidavit for that purpose of inducing to issue its Title Insurance Policy, describing the above-mentioned.

James L. Wilson  
AFFIANT

THIS INSTRUMENT WAS PREPARED BY  
JAMES L. Wilson  
9124 S. MERRILL

Subscribed and sworn to before me by the said

James L. Wilson as affiant  
This 6th day of Oct, A.D. 1995

Gary DeGraaff  
NOTARY PUBLIC

95699745

"OFFICIAL SEAL"  
GARY DEGRAAFF  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 12/14/99

Property of Cook County Clerk's Office

LOT TEN (except the North 8 feet thereof)----- (10)  
The North 17 feet of LOT ELEVEN----- (11)

Block Six (6), all in S. E. GROSS' CALMET HEIGHTS ADDITION to SOUTH CHICAGO, being  
a Subdivision of the Southeast Quarter ( $\frac{1}{4}$ ) of section 1, Town 37 North, Range 14, East of the  
Third Principal Meridian.



James L. Wilson  
9124 S. Merrill  
Chicago, Ill. 60617-3829

REGISTRATION DISTRICT NO.	16:53
REGISTERED NUMBER	747

## STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE  
NUMBER

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH DAY YEAR)
1. COUNTY OF DEATH	SHIRLEY	A.	WILSON	2 FEMALE	3 OCTOBER 22, 1995
4. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER	COOK	AGE LAST MOS. 5a. 5 5b. 8	UNDER 1 YEAR DAYS 5c. 5d.	DATE OF BIRTH (MONTH DAY YEAR) 5d. February 20, 1937	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	EVERGREEN PARK	HOSPITAL OR OTHER INSTITUTION NAME IF NOT MENTIONED ON LINE 6b	NAME OF SURVIVING SPOUSE (MATERIAL NAME IF WIFE)	1c. IN PATIENT	
7. SOCIAL SECURITY NUMBER	324-30-5485	8b. MARRIED	8d. LITTLE COMPANY OF MARY HOSPITAL	1d. WAS DECEASED PREVIOUSLY NAME OF CARETAKER (YES OR NO)	
RESIDENCE (STREET AND NUMBER)	9124 S. MERRILL	8a. CASEWORKER	8e. L. WILLIAMS	1e. DATE GRADE COMPLETION	
STATE	ILLINOIS	RACE (WHITE BLACK AMERICAN INDIAN OR ASIAN)	8f. GOVERNMENT	1f. EDUCATION	
13e. ZIP CODE	60617	14a. 143	14b. KINO	12. -1- 13. -0-	
FATHER-NAME	Porter	LAST	14c. YES	14d. CITY 14e. COUNTY	
15. INFORMANT'S NAME (TYPE OR PRINT)	Williamson	RELATIONSHIP	14f. MIDDLE	14g. MAIDEN LAST	
17a. MARGARET ANDERSON CLERK	17b. RECORD	HOSPITAL	14h. ADDRESS (STREET NUMBER CITY OR TOWN STATE ZIP)	14i. SPECIFY CEMETERY OR Crematory	
18. PART I.	Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.	17c. EVERGREEN	17d. 2800 WEST 95TH STREET CHICAGO, ILLINOIS 60605	14j. SPECIFY PARENT (MATERIAL PARENT)	
Immediate Cause (Final disease or condition resulting in death)	(a) Due to, or as a consequence of	17e. PARK	17f. 103131	14k. DATE OF DEATH	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Due to, or as a consequence of	17g. CHICAGO	17h. 103131	14l. PLACE OF DEATH	
(c) Due to, or as a consequence of	17i. CANCER	17j. ILLINOIS	17k. 103131	14m. DATE OF DEATH	
PART II. Other conditions concerning circumstances resulting in the temporary disablement	17l. 103131	17m. 103131	17n. 103131	14n. DATE OF DEATH	
DATE OF OPERATION (IF ANY)	MAJOR FINDINGS OF OPERATION	17o. 103131	17p. 103131	14o. DATE OF DEATH	
20a. DID NOT ATTEND THE DECEASED AND LAST SEPARATELY ALIVE ON	20b. DAY, YEAR	17q. 103131	17r. 103131	14p. DATE OF DEATH	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	10/30/95	17s. 103131	17t. 103131	14q. DATE OF DEATH	
22a. SIGNATURE ▲	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	17u. 103131	17v. 103131	14r. DATE OF DEATH	
22c. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (TYPE OR PRINT)	JOSEPH CITRON, DO	17w. 103131	17x. 103131	14s. DATE OF DEATH	
23. BURIAL CREMATION, CEMETERY OR CREMATORIUM NAME	LOCATION	CITY OR TOWN	STATE	14t. DATE OF DEATH	
24a. FUNERAL HOME	24b. Mt. Hope Cemetery	24c. Chicago, Illinois	24d. IL	14u. DATE OF DEATH	
25a. FUNERAL DIRECTOR'S SIGNATURE	Gatling's Chapel	10133 So. Halsted Chicago, Illinois 60628	25b. C.M.	14v. DATE OF DEATH	
25c. LOCAL REGISTRAR'S SIGNATURE	25d. C.M.	25e. 10/27/95	25f. 10/27/95	14w. DATE OF DEATH	
26a. ▲	26b. OCTOBER 25, 1995	26c. 10/27/95	26d. 10/27/95	14x. DATE OF DEATH	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE OCTOBER 25, 1995  
AT EVERGREEN PARK, ILLINOIS

REGISTRAR Sonette Haase  
DEPUTY REGISTRAR

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