

UNOFFICIAL COPY
JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK } ss. maileto.
First Chicago
1800 S. Naperville Rd
Wheaton, Ill. 60187

ORDER NO. H97014039
DATE: _____

RUTH BRANCH, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 1647 KARLOV 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 38 IN BLOCK 2 IN OLIVER'S SUBDIVISION OF LOT 2 IN ASSESSOR'S DIVISION OF THE SOUTHEAST 1/4 OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 13, (ALSO KNOWN AS PARTITION OF THE SOUTHWEST 1/4 ETC.) LYING EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

98128474 Page 1 of 2
5842/0185 03 001 1998-02-18 11:50:19
Cook County Recorder 43.00

PA: 1647 Karlov, Chicago, Ill. 60623

16-22-406-019

That she was acquainted with George Branch deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described above.

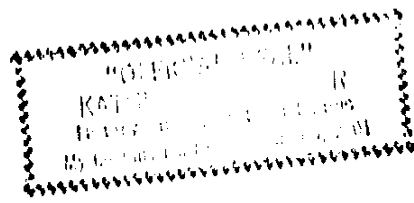
That said decedent died on March 6, 1996 leaving no a last will and testament;

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

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 Ruth Branch



SUBSCRIBED AND SWORN TO before me this 3rd day of February 1998
a Notary Public in and for said (State) and County.
Kathleen M. Schipper

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.

BOX 333-CTI

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 8 1996

I, SHEILA LYNE, PSW, 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 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.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. REGISTERED NUMBER	16.10	STATE OF ILLINOIS NUMBER	6004278
DECEASED-NAME	GEORGE	DATE OF DEATH MONTH DAY YEAR	MARCH 5, 1995
CITY, TOWN, TWP. OR ROAD DISTRICT	COOK	SEX	2 MALE
AGE LAST BIRTHDAY	86	DATE OF BIRTH MONTH DAY YEAR	DECEMBER 25, 1909
CITY, TOWN, TWP. OR ROAD DISTRICT	CHICAGO	BRANCH	133 COOK
RELIGION	MI. SINAI	EDUCATION	9 NO
MARRIAGE STATUS	83 MARRIED	DATE OF MARRIAGE MONTH DAY YEAR	
USUAL OCCUPATION	GENERAL	CITY OF DEATH	CHICAGO
ETHNIC ORIGIN	BLACK	CITY OF BIRTH	CHICAGO
FATHER-NAME	BENJAMIN BRANCH	MOTHER-NAME	IRIS SANDERS
RELATIONSHIP	17b WIFE	STREET ADDRESS	17c 1647 SOUTH KARLOV, CHGO. IL 60623
CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST	(a) Myocardial infarct (b) Dilated cardiomyopathy (c) Coronary atherosclerosis		
DATE OF OPERATION, IF ANY	NONE		
DATE OF DEATH	11:08P 44		
SIGNATURE	(Signature) 22c SIGNATURE 22d ADDRESS OF CERTIFIER 22e SIGNATURE OF PHYSICIAN OR OTHER TRAINER 22f SIGNATURE OF MEDICAL EXAMINER		
DATE OF DEATH	21c DATE SIGNED 21d MONTH DAY YEAR 21e ELIQUIS LICENSE NUMBER 21f DATE OF EXPIRATION		
CEMETERY (REGISTRATORY-USE)	23c BIRTHDAY 23d BIRTHDAY 23e BIRTHDAY		
BURIAL	24c BIRTHDAY 24d BIRTHDAY 24e BIRTHDAY		
FUNERAL HOME	25a GOLDEN GATE FUNERAL HOME, 2025 WEST 79th ST., CHICAGO, ILLINOIS 60623		
LOCAL REGISTRAR'S SIGNATURE	(Signature) 26a LOCAL REGISTRAR'S SIGNATURE 26b LOCAL REGISTRAR'S SIGNATURE		

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MARCH 8 1996