



LAND TITLE AMERICA

15 SPINNING WHEEL ROAD SUITE 210 HINSDALE IL 60521 (312) 323-9870

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Cook

} ss

RE: FILE NO. 98-735834-07

(2)

48-735834-07

WILLIE MAE JONES, being duly sworn and for the purpose of inducing Land Title America, Inc. to delete all title exceptions caused by the death of Eddie Jones, states:

- 1. That Affiant resides at 7645 Morgan Street
- 2. That Affiant was acquainted with said decedent who died on September 27, 1998 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 \$ _____.

Subscribed and sworn to before

me by the said Affiant this 27th day of February, 1998

Willie Mae Jones (Affiant's Signature)

Notary Public

UNOFFICIAL COPY

Property of Cook County Clerk's Office

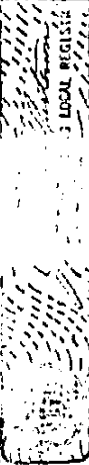
UNOFFICIAL COPY

98181681

SEP 29 1989

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JAMES W. MASTERSON, M.P.H., ACTING
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 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 ACCOMPANY-
ING CERTIFICATE ON THIS SHEET IS A
TRUE COPY AS A RECORD KEPT BY ME IN
PURSUANCE OF SAID LAWS AND ORDINANCES.



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

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FRA NUMBER
618412

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

DECEASED-NAME: **Eddie George Jones** LAST: **Jones** SEX: **Male** DATE OF DEATH: **September 27, 1989**

CITY OF DEATH: **Cook** COUNTY: **COOK** STATE: **ILLINOIS**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago**

AGE - LAST BIRTHDAY: **70** UNDER 1 DAY: **56** HOURS: **56** UNDER 1 DAY: **56** SEX: **Male** DATE OF BIRTH: **January 31, 1919**

HOSPITAL OR OTHER INSTITUTION (NAME IF NOT NUMBER, GIVE STREET AND NUMBER): **St Bernards Hospital**

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Willie Mae Dillard**

MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): **Married**

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **8th grade**

USUAL OCCUPATION: **Welder**

CITY, TOWN, OR ROAD DISTRICT NO: **Chicago**

CITY, TOWN, OR ROAD DISTRICT NO: **Chicago**

ZIP CODE: **60621**

RACE: **Black**

RELATIONSHIP: **Husband**

MOTHER-NAME: **Georgia**

FATHER-NAME: **Sidney Jones**

INFORMANT'S NAME (TYPE OR PRINT): **Apryll D. McFerren**

MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP): **Hos Rec 1764th & Dan Ryan Expressway Chicago**

18. PART I. Give the disease, injury, or complication that caused the death. Do not enter the mode of death, such as cancer or respiratory arrest, shock, or heart failure. List only one cause on each line.

(a) Immediate Cause (Final disease or condition resulting in death): **Pneumonia**

(b) DUE TO, OR AS A CONSEQUENCE OF: **Respiratory failure**

(c) DUE TO, OR AS A CONSEQUENCE OF IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Cerebral vascular accident**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **None**

MAJOR FINDINGS OF OPERATION: **None**

20b. (100) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **9:20A M.**

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND (GIVE TO THE CAUSE(S) STATED): **September 28, 1989**

22a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER: **Dr. B. Gupta 4653 South Halsted Street Chicago, Illinois**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **None**

23. (100) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **9:20A M.**

24a. Burial: **24b. Mt. Glenwood**

24b. Burial: **24c. Thornton Township, Illinois**

25a. Halsted Memorial Chapel 2035 East 79th Street Chicago, Illinois 60649

25b. Signature: **James W. Masterson**

25c. Signature: **James W. Masterson**

26a. Signature: **James W. Masterson**

26b. Signature: **James W. Masterson**

26c. Signature: **James W. Masterson**

26d. Signature: **James W. Masterson**

26e. Signature: **James W. Masterson**

26f. Signature: **James W. Masterson**

26g. Signature: **James W. Masterson**

26h. Signature: **James W. Masterson**

26i. Signature: **James W. Masterson**

26j. Signature: **James W. Masterson**

26k. Signature: **James W. Masterson**

26l. Signature: **James W. Masterson**

26m. Signature: **James W. Masterson**

26n. Signature: **James W. Masterson**

26o. Signature: **James W. Masterson**

26p. Signature: **James W. Masterson**

26q. Signature: **James W. Masterson**

26r. Signature: **James W. Masterson**

26s. Signature: **James W. Masterson**

26t. Signature: **James W. Masterson**

26u. Signature: **James W. Masterson**

26v. Signature: **James W. Masterson**

26w. Signature: **James W. Masterson**

26x. Signature: **James W. Masterson**

26y. Signature: **James W. Masterson**

26z. Signature: **James W. Masterson**

UNOFFICIAL COPY

2014/11/11

Property of Cook County Clerk's Office

UNOFFICIAL COPY

98181681

21703-438586-SM

Property of Cook County Clerk's Office

(Space Above This Line For Recording Data)

MORTGAGE

(12)

THIS MORTGAGE ("Security Instrument") is given on February 27th, 1998. The mortgagor is Willie Mae Jones, A Single Person

("Borrower"). This Security Instrument is given to American Mortgage Services, which is organized and existing under the laws of The State of Minnesota and whose address is 4105 North Lexington Ave., #100 Arden Hills, Minnesota 55126 ("Lender"). Borrower owes Lender the principal sum of Forty Thousand and 00/100

Dollars (U.S. \$ 40,000.00). This debt is evidenced by Borrower's note dated the same date as this Security Instrument ("Note"), which provides for monthly payments, with the full debt, if not paid earlier, due and payable on April 1, 2013.

This Security Instrument secures to Lender: (a) the repayment of the debt evidenced by the Note, with interest, and all renewals, extensions and modifications of the Note; (b) the payment of all other sums, with interest, advanced under paragraph 7 to protect the security of this Security Instrument; and (c) the performance of Borrower's covenants and agreements under this Security Instrument and the Note. For this purpose, Borrower does hereby mortgage, grant and convey to Lender the following described property located in Cook County, Illinois:

The South 12 feet of Lot 16 and the North 20 feet of Lot 17 in Block 16 in Lee's Subdivision of the West 1/2 of the Southeast 1/4 of Section 20, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

20-20-427-029

UNOFFICIAL COPY

2015-1-27

Property of Cook County Clerk's Office