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1999-04-28 09:57:26
Cook County Recorder 25.50



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**DECEASED JOINT
TENANCY AFFIDAVIT**

COOK COUNTY

RECORDER

STATE OF ILLINOIS)

COUNTY OF COOK)

SS. **EUGENE "GENE" MOORE**
BRIDGEVIEW OFFICE

RENEE JACKSON, being duly sworn states that she resides at 1513 Ambassador, Ford Heights, Illinois.

That she was acquainted with JIMMIE TRUITE, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois described as:

LOT 18, BLOCK 4, IN GOLDEN MEADOWS UNIT 1, BEING A RESUBDIVISION OF PART OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 23, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 1513 Ambassador Lane,
Ford Heights, Illinois 60411

Permanent Real Estate Index Number: 32-23-250-018-0000

That the deceased died March 1, 1989, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament

Leaving a Last Will & Testament which is attached hereto to be filed in the Unproven Will Box of the

Probate Division of the Circuit Court of Cook County, Illinois.

___ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about _____.

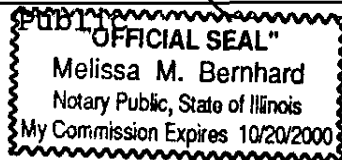
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased does not exceed the sum of Fifty Thousand (\$50,000.00) dollars.

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

Renee J. [Signature]

Subscribed and sworn to before me this 13th day of April, 1999.

Melissa M. Bernhard
Notary Public



This document prepared by: RYAN & BIJAK, 4849 West 167th Street, Suite #101, Oak Forest, Illinois 60452 (708)633-9600.



1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 JIMMIE TRUITE MALE 3. MARCH 1, 1989

2. COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 COOK 5a. 54 5b. 5c. 5d. APRIL 3, 1934

3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D O A, OP/EMER, RM, INPATIENT (SPECIFY)
 6a. CHICAGO HEIGHTS 6T JAMES HOSPITAL MEDICAL CENTER 6C. INPATIENT

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
 7. Greenwood, Miss 8a. MARRIED 8b. THELMA 9. NO

5. SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 10. 428-54-1017 11a. MIXER 11b. Chemical 12. 11th College (1-4 or 5+)
 -0-

6. RESIDENCE (STREET AND NUMBER) CITY, TOWN, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
 13a. 1664 EUCLID 13b. CHICAGO HEIGHTS 13c. YES 13d. COOK

7. STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
 13e. ILLINOIS 13f. 60411 14a. BLACK 14b. X NO YES SPECIFY:

8. FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST
 15. ARIZONA TRUITE 16. GALLAWAY PARLEE TRUITE

9. INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17a. SUSAN SCIMECA 17b. MEDICAL RECORD 17c. 1423 CHICAGO ROAD, CHICAGO HEIGHTS, ILLINOIS 60411

18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) → (a) Acute nontransmural myocardial infarction.
 DUE TO, OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Chronic atherosclerosis.
 DUE TO, OR AS A CONSEQUENCE OF

(c)

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
 19a. YES 19b. NO

old inferior wall myocardial infarction

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
 20a. NO 20b. 20c. YES NO

21. (I/DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
 21a. 3-1-89 21b. NO 21c. 3-1-89

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED ON THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
 22a. SIGNATURE → *Sherrill P. ...* 22b. 3-3-89

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22c. 1423 CHICAGO ROAD, CHICAGO HEIGHTS, IL 60611 22d. 36-56561

24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
 23. PAUL DELGADO, M.D.

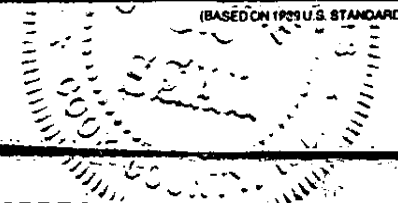
25. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. BURIAL 24b. MT. STENWOOD 24c. THORNTON, ILLINOIS 24d. MARCH 9, 1989

26. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. Davis-Hammond & Powell LTD-305E-16th Chicago Heights, IL 60411

27. FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. George Davis, Jr. 25c. 9217

28. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. John M. Costabile (D.2.) 26b. 3-3-89

VR200 (Rev. 1/89) Illinois Department of Public Health - Office of Vital Records (BASED ON 1929 U.S. STANDARD CERTIFICATE)



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I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 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: MAR 05 1999

SIGNED: *Rachael M. Vega*

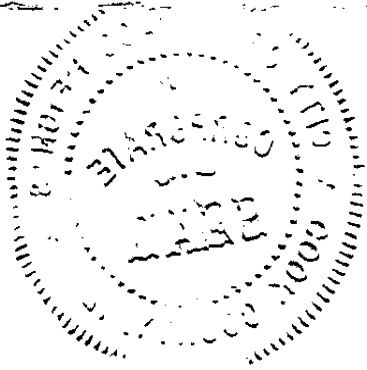
AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

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