



99631337

COOK COUNTY
 RECORDER
 EUGENE "GENE" MOORE
 MARKHAM OFFICE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF

RENE JOHNSON

being duly sworn states that HE

resides at _____ in the city of LYNWOOD.

that HE was acquainted with TOMMIE L. JOHNSON the deceased, who at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as follows:

LOT 10 IN LAKE LYNWOOD UNIT NUMBER 10, BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN.

that the deceased died FEB 2, 1999 as evidenced by a certified copy of death certificate of the deceased attached hereto. PIN - 133 - 07 - 416 - 010

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 _____~~

~~at the total value of the 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 deceased, does not exceed the sum of \$ _____ dollars.~~

described and Sworn to before me by the said

RENE JOHNSON

This was prepared by

RENE JOHNSON
20055 Lake Lynwood

on 30th day of JUNE

KIM A WEST
 NOTARY PUBLIC

A.D. 19 99

OFFICIAL SEAL
 KIM A WEST

NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES: 03/17/01

Rene Johnson
 (affiant's signature)

DPSS
 W.C.

REGISTRATION DISTRICT NO. 16-32
REGISTERED NUMBER 92

UNOFFICIAL COPY
MEDICAL CERTIFICATE OF DEATH 1337

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

1. DECEASED-NAME FIRST MIDDLE LAST: **Tommie L. Johnson** 2. SEX: **Male** 3. DATE OF DEATH (MONTH, DAY, YEAR): **February 2, 1999**

4. COUNTY OF DEATH: **Cook** 5a. AGE-LAST BIRTHDAY (YRS): **79** 5b. UNDER 1 YEAR MOS. DAYS: 5c. UNDER 1 DAY HOURS MIN. 5d. DATE OF BIRTH (MONTH, DAY, YEAR): **April 13, 1919**

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago Heights** 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **St. James Hospital Hospice** 6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY): **Inpatient**

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **SARDIS, Ms.** 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Mennie Stamps** 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **NO**

10. SOCIAL SECURITY NUMBER: **428-50-3210** 11a. USUAL OCCUPATION: **Laborer** 11b. KIND OF BUSINESS OR INDUSTRY: **General** 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED):
Elementary/Secondary (9-12): **-08-** College (1-4 or 5+): **-00-**

13a. RESIDENCE (STREET AND NUMBER): **20055 Lake Lynwood Drive** 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Lynwood** 13c. INSIDE CITY (YES/NO): **Yes** 13d. COUNTY: **Cook**

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

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST: **Archie Johnson** 16. MOTHER-NAME FIRST MIDDLE LAST (MAIDEN): **Della Britton**

17a. INFORMANT'S NAME (TYPE OR PRINT): **Mennie Johnson** 17b. RELATIONSHIP: **Wife** 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **20055 Lake Lynwood Lynwood, IL 60411**

CAUSE

18. PART I. Immediate Cause (Final disease or condition resulting in death) → (a) **Cancer lung**
DUE TO, OR AS, CONSEQUENCE OF

(b) **metastasis**
DUE TO, OR AS A CONSEQUENCE OF

(c)

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

19a. AUTOPSY (YES/NO): **NO** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):

CERTIFIER

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

21a. I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **2-3-99** 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO** 21c. HOUR OF DEATH: **3:25a M.**

22a. SIGNATURE: **[Signature]** 22b. DATE SIGNED (MONTH, DAY, YEAR): **2-4-99**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **333 Dixie Hwy Chicago, Ill. IL** 22d. ILLINOIS LICENSE NUMBER: **036-065377**

23. 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.

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** 24b. CEMETERY OR CREMATORY-NAME: **Mt. Glenwood Cem.** 24c. LOCATION CITY OR TOWN STATE: **Glenwood, Illinois** 24d. DATE (MONTH, DAY, YEAR): **Feb. 6, 1999**

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: **Gatling's Chapel Inc. 10133 So. Halsted Chicago, Illinois 60628**

25b. FUNERAL DIRECTOR'S SIGNATURE: **[Signature]** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-014948**

26a. LOCAL REGISTRAR'S SIGNATURE: **[Signature]** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **February 4, 1999**

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: **FEB 04 1999**

SIGNED: **[Signature]**

AT: **CHICAGO HEIGHTS, IL 60411**

TITLE: **LOCAL REGISTRAR**