



CHICAGO TITLE INSURANCE COMPANY

171 N. CLARK STREET, CHICAGO, IL 60601

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss: MORTON SCARBOROUGH Order No. 99715622

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1999-07-27 13:05:42
Cook County Recorder 43.50

Elizabeth F. Scarborough
being duly sworn states that she resides at 438 West 96th Street
in the City of Chicago



That she was acquainted with Morton J. Scarborough deceased who, at the time of death, was one of the owners of the land in 438 West 96th Street Cook County, Illinois, described as:

The East 50 feet of the West 100 feet of the South half of Block 2 in O'Dell's Addition to Euclid Park, a subdivisions of the East half of the Northwest quarter of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois. 25-09-107-033-000

That the deceased died September 3rd, 1993, 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 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 _____ dollars.

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

Subscribed and sworn to before me by the said

Prepared by: Phillip M. Scarborough
7127 So. Maplewood Ave.
Chicago, IL 60629

ELIZABETH F SCARBOROUGH
this 27th day of JULY, A.D. 99

Howard L. Eisenberg
Notary Public

Elizabeth F. Scarborough
(Affiant's Signature)



MEDICAL CERTIFICATE OF DEATH NUMBER 617745

DECEASED - NAME MARTIN - MORTON		FIRST		MIDDLE Scarbrough		LAST		SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. SEPTEMBER 21, 1993
COUNTY OF DEATH COOK		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		AGE - LAST BIRTHDAY (YRS) 71	UNDER 1 YEAR MO S DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH, DAY, YEAR) SEP 29, 1922	IF INSP. ON INST. INDICATE I.D.A. OR EMER. DR. BIRTH (SPECIFY) D.O.A.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO		MARRIED NEVER MARRIED (WIDOWED, DIVORCED, SPECIFY) MARRIED		NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE) ELIZABETH JOHNSON		EDUCATION (SPECIFY ON YINCHIE ST. GRADE COUNTY ETEC) High School		WAS DECEASED A U.S. ARMY AIR FORCE MEMBER (YES/NO) YES	
SOCIAL SECURITY NUMBER 4 31-20-4900		USUAL OCCUPATION TRUCK DRIVER		KIND OF BUSINESS OR INDUSTRY SELF EMPLOYED		EMPLOYER'S NAME (IF EMPLOYED) Self		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	
RESIDENCE (STREET AND NUMBER) 438 W. 96th St.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		INSIDE CITY (YES/NO) YES		COUNTY COOK		STATE IL	
ZIP CODE 60628		RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY) BLACK		OF HISPANIC ORIGIN? (SPECIFY) NO		SPECIFY: MIDDLE		MOTHER'S NAME (FIRST, MIDDLE, LAST) ANNA BROWN	
FATHER'S NAME (FIRST, MIDDLE, LAST) ARONWELL		RELATIONSHIP WIFE		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP) 438 W. 96th St. CHGO. IL 60628		MOTHER'S NAME (FIRST, MIDDLE, LAST) ANNA BROWN		MOTHER'S BIRTHPLACE (CITY AND STATE) CHICAGO IL	
DECEASED'S NAME (TYPE OR PRINT) ELIZABETH SCARBOROUGH		RELATIONSHIP WIFE		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP) 438 W. 96th St. CHGO. IL 60628		MOTHER'S NAME (FIRST, MIDDLE, LAST) ANNA BROWN		MOTHER'S BIRTHPLACE (CITY AND STATE) CHICAGO IL	

18. **CAUSE OF DEATH**
 Immediate Cause (Final disease or condition resulting in death)
Acute Myocardial Infarction
 Underlying Cause (Cause which gave rise to immediate cause)
Coronary Artery Disease
 Contributing Cause (Cause which gave rise to underlying cause)
Accident

19. **CONDITIONS**
 (a) Due to OR AS A CONSEQUENCE OF
 (b) Due to OR AS A CONSEQUENCE OF
 (c) Due to OR AS A CONSEQUENCE OF

20. **DATE OF OPERATION, IF ANY**
None

21. **MAJOR FINDINGS OF OPERATION**
None

22. **DATE AND TIME OF DEATH**
September 21, 1993

23. **NAME AND ADDRESS OF CERTIFIER**
Dr. Courtney

24. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER**
None

25. **LOCATION**
CHICAGO, IL

26. **DATE SIGNED**
9-21-93

27. **ILLINOIS LICENSE NUMBER**
3664457

28. **IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CONSUMER OR MEDICAL EXAMINER MUST BE NOTIFIED**

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

SEP 23 1993

I, JOYCE A. BRAUNER, MPA, 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.