

UNOFFICIAL COPY JOINT TENANCY AFFIDAVIT



99922108

STATE OF ILLINOIS }
COUNTY OF Cook } ss.

ORDER NO. _____
DATE: _____

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ELLA M BROWN, hereinafter referred to as the "affiant", deposes and states that the affiant resides at 926 W 50TH PL 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 18 IN BLOCK 4 IN LIBRARY SUBDIVISION OF THE SE 1/4 OF THE NE 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

mail TO:

Bank One
1 Bank One Plaza STE 0203
Chicago IL, 60670.

REI TITLE SERVICES # 742983
1987



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8038/0112 16 001 Page 1 of 2
1999-09-29 12:31:28
Cook County Recorder 43.58

20-08-218-036

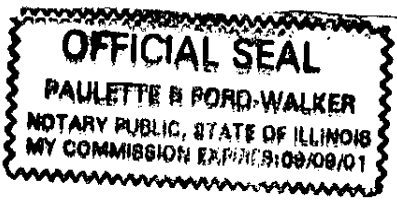
That I was acquainted with Milton J. Brown deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described above.

That said decedent died on April 16, 1998 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 \$ 48,000 ;

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 [Handwritten Signature]

SUBSCRIBED AND SWORN TO before me this 16th day of September 1999
a Notary Public in and for said State and County.
Paulette R. Ford-Walker

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.

UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

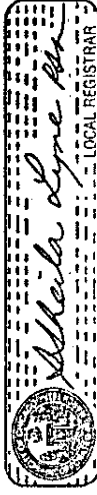
99922108

THIS CERTIFIED COPY VALID WHEN
MILITARY SIGNATURE SEAL IS
AFFIXED.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 22 1998

LSMELLYNE, RSM, 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.



Althea Lyne
LOCAL REGISTRAR

REGISTRATION DISTRICT NO. 16.10		STATE FILE NUMBER 606625	
DECEASED-NAME Milton Brown		DATE OF DEATH (MONTH, DAY, YEAR) April 16 1998	
COUNTY OF DEATH Cook		SEX Male	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		DATE OF BIRTH (MONTH, DAY, YEAR) January 11, 1941	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, Ill		IF HOSP OR INST. INDICATE D.O.A. (OPTIMUM R.M. INPATIENT (SPECIFY)) 00A	
MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		WAS DECEASED EVER IN ARMED FORCES? (YES/NO) 9. NO	
USUAL OCCUPATION 11a. Worker		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 8th	
RESIDENCE (STREET AND NUMBER) 926 West 50th Place		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	
STATE Illinois		COUNTY Cook	
FATHER-NAME FIRST MIDDLE LAST William Brown		MOTHER-NAME FIRST MIDDLE LAST Maybelle Broadnax	
INFORMANT'S NAME (TYPE OR PRINT) Ella Brown		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 926 West 50th Place Chgo, Ill 60609	
RELATIONSHIP 17b. Wife		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 YRS	
IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) CONGESTIVE CARDIOMYOPATHY		IMMEDIATE CAUSE (b) WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) DUE TO OR AS A CONSEQUENCE OF		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I. (c) DUE TO OR AS A CONSEQUENCE OF	
DATE OF OPERATION, IF ANY 20b.		MAJOR FINDINGS OF OPERATION 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND I BELIEVE TO THE CAUSE(S) STATED. 21a.		HOUR OF DEATH 12:30 P.M.	
SIGNATURE Stanley M. Sias, MD		DATE SIGNED (MONTH, DAY, YEAR) 4/21/98	
NAME AND ADDRESS OF CERTIFIER STANLEY M. SIAS, MD CHICAGO, IL 60615		ILLINOIS LICENSE NUMBER 036069848	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Stanley M. Sias, MD		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CITY OR TOWN Willow Springs, Ill	
FURNERAL HOME A. A. Rayner & Sons Funeral Home 318 East 71st Street Chgo, Ill		STATE Illinois	
FURNERAL DIRECTOR'S SIGNATURE <i>Charles S. Chiles</i>		ZIP 60619	
LOCAL REGISTRAR'S SIGNATURE <i>Althea Lyne</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) APR 22 1998	
DATE OF OPERATION, IF ANY		DATE OF DEATH	