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HERITAGE TITLE COMPANY



99079180

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99079180

9247/0093 48 001 Page 1 of 3  
1999-01-25 12:12:34  
Cook County Recorder 47.50

AFFIDAVIT REGARDING DECEASED JOINT TENANT

STATE OF ILLINOIS  
COUNTY OF COOK

DATE: 1-7-99  
COMMITMENT NUMBER: H34508 3 P

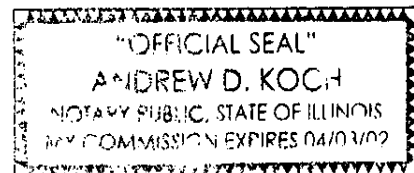
Elaine M. Tucker, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING UNITED GENERAL TITLE INSURANCE COMPANY TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS:

1. THAT HE/SHE RESIDES AT: 1028 Florence Ave Evanston, IL 60002
2. THAT HE/SHE WAS ACQUAINTED WITH Marshall Tucker WHO DIED ON Nov 17, 1994, AS EVIDENCED BY THE ATTACHED CERTIFIED COPY OF THE DEATH CERTIFICATE.
3. THAT SAID DECEDENT WAS ONE OF THE OWNERS OF THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT.
4. THAT SAID DECEDENT DIED:
  - LEAVING NO LAST WILL AND TESTAMENT.
  - LEAVING A LAST WILL AND TESTAMENT, A COPY OF WHICH IS ATTACHED.
5. THAT THE TOTAL VALUE OF SAID DECEDENT'S ESTATE FOR STATE OF ILLINOIS INHERITANCE TAX AND FEDERAL ESTATE PURPOSES DOES NOT EXCEED \$

X Elaine Tucker  
AFFIANT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS 7th DAY OF January, 1999.

Andrew D. Koch  
NOTARY PUBLIC



PERMANENT CERTIFICATE  
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 1626  
REGISTERED NUMBER 1332 315-11-94

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STATE OF ILLINOIS  
MEDICAL EXAMINER'S - CORONER'S  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
**99079180**

Type, or Print in PERMANENT INK See Coroner's Handbook for INSTRUCTIONS

DECEASED--NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
1. Marshall Tucker 2. Male 3. November 17, 1994

COUNTY OF DEATH AGE--LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)  
4. Cook 5a. 62 5b. 5c. 5d. July 9, 1932

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION--NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATED O.A. OP EVER PATIENT SPECIFY  
6a. Evanston 6b. St. Francis 6c. I.C.U.

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 ARMED FORCES? YES/NO  
7. Bastrop, LA 8a. Married 8b. Elaine Johnson 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
10. 439-44-7795 11a. Operator 11b. City of Evanston 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY  
13a. 1028 Florence Ave 13b. Evanston 13c. Yes 13d. Cook

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. 60202 14a. Black 14b.  NO  YES SPECIFY:

FATHER--NAME FIRST MIDDLE LAST MOTHER--NAME FIRST MIDDLE (MAIDEN) LAST  
15. Arthur Tucker 16. Parthine Unknown

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
17a. Elaine Tucker 17b. Wife 17c. 1028 Florence Ave, Evanston IL 60202

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) Fracture of Cervical Spine  
DUE TO, OR AS A CONSEQUENCE OF  
(b) Fall on Stairs  
DUE TO, OR AS A CONSEQUENCE OF  
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)

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. No 19b.

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)  
20a. Accident 20b. Nov. 12, 94 20c. 7:00 P.M. 20d. Fall

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL OR TOWN; OR TWP., OR RD. DIST. NO., COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  
20e. No 20f. Home 20g. Evanston, IL 20h. YES  NO

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS PRONOUNCED DEAD ON  
21a. Nov. 17, 94 21b. Nov. 17, 94 21c. 6:31 P. M.

CORONER'S - MEDICAL EXAMINER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)  
22a. [Signature] 22b. Nov. 18, 94

CORONER'S PHYSICIAN'S NAME (Type or Print) DATE SIGNED (MONTH, DAY, YEAR)  
23a. EUPIL CHOI, M.D. 23b.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY--NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
24a. Burial 24b. Memorial Park 24c. Skokie IL 24d. Nov. 23, 1994

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  
25a. House of Thompson 1917 Asbury Ave, Evanston IL 60201

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
25b. [Signature] 25c. 10181

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
26a. [Signature] 26b. Nov 22, 1994

VR202 (Rev. 5-89) Illinois Department of Public Health--Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE NOVEMBER 22, 1994 SIGNED [Signature]  
AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all and places of the facts therein stated.

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THE SOUTH HALF OF LOT FIVE IN BLOCK ONE IN PITNER'S SECOND ADDITION TO  
EVANSTON, A SUBDIVISION OF THE NORTH HALF OF THE SOUTHWEST QUARTER OF THE  
NORTHEAST QUARTER OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 13, EAST OF THE  
THIRD PRINCIPAL MERIDIAN.

10-24-216-026

Property of Cook County Clerk's Office