

UNOFFICIAL COPY

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988170101 16 001 Page 1 of 3
1999-01-29 15:15:08
Cook County Recorder 25.50

**DECEASED JOINT
TENANCY AFFIDAVIT**

State of Illinois)
County of Cook) ss.



PREPARED BY AND MAIL TO:

Kenneth E. Jensen
20 N. Clark, Suite 1800
Chicago, IL 60602



Sarah L. Johnson being duly sworn states that she resides at 937 N. LeClaire, Chicago, IL 60651.

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

Property Address: 941 N. LeClaire, Chicago, IL 60651
P.I.N.: 16-14-417-007
Legal Description: See Exhibit A Attached Hereto and Made a Part Hereof.

That the deceased died 8/10/98, as evidenced by a copy of death certificate of the deceased attached hereto.

That the deceased died:

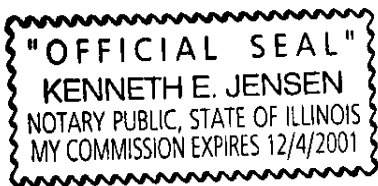
- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois about _____.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about 9/98.

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 Five Thousand (\$5,000) dollars.

Subscribed and sworn to before me this
25th day of January, 1999.

Kenneth E. Jensen
Notary Public

X Sarah L. Johnson
Sarah L. Johnson



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EXHIBIT A

LOT 7 IN THE RESUBDIVISION OF LOTS 1 TO 13, INCLUSIVE, IN BLOCK 2 IN GLOVER'S SUBDIVISION OF THE EAST HALF OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 13 1998

L SNEILA LYNE, 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.

Sneila Lyne
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

STATE OF ILLINOIS

MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE FILE NUMBER
612982

DECEASED-NAME: **Henry** FIRST, **Henry Jr.** MIDDLE, **John** LAST, SEX **2**, DATE OF DEATH (MONTH, DAY, YEAR) **8-10-98**

COUNTY OF DEATH: **COOK** COUNTY, DATE OF BIRTH (MONTH, DAY, YEAR) **Oct 27, 1937**

AGE-LAST BIRTHDAY (YRS) **60** UNDER 1 YEAR **5d** DATE OF BIRTH (MONTH, DAY, YEAR) **Oct 27, 1937**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **COOK County Hospital**

6a. **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

6b. **COOK** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8a. **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **SARAH WILKES**

8b. **MARRIED** KIND OF BUSINESS OR INDUSTRY **Elementary**

11b. **Mechanics** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago**

13a. **937 N. Le Claire Av.** RESIDENCE (STREET AND NUMBER)

13b. **IL.** STATE

13c. **60651** ZIP CODE

14a. **Black** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)

14b. **X NO** YES NO SPECIFY: **Multiple gunshot wounds**

15. **HENRY JOHNSON SR.** FATHER-NAME FIRST MIDDLE LAST

16. **MARY ANN GREEN** MOTHER-NAME FIRST MIDDLE LAST

17a. **SARAH JOHNSON** RELATIONSHIP **WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17b. **WIFE** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago**

17c. **937 N. Le Claire Av.** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

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.

(a) Immediate Cause (Final disease or condition resulting in death) **Multiple gunshot wounds**

(b) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Multiple gunshot wounds**

(c) DUE TO, OR AS A CONSEQUENCE OF **Multiple gunshot wounds**

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

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

20a. **8-10-98** DATE OF INJURY (MONTH, DAY, YEAR) 20b. **10:20 A** HOUR 20c. **10:20 M. JUC** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PAR. 17 (ITEM 18))

20d. **577 Street** PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.) (SPECIFY) 20e. **Chicago, IL** LOCATION (CITY, VIL. OR TOWN, OR TWP. OR ROAD DISTRICT NO., COUNTY, STATE)

20f. **Yes** INJURY AT WORK (YES/NO) 20g. **5-10-98** DATE OF INJURY (MONTH, DAY, YEAR)

20h. **NO** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20i. **1059 A** AT (MONTH, DAY, YEAR) 20j. **M.** (MONTH, DAY, YEAR)

21. 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 **8-10-98** DATE OF DEATH (MONTH, DAY, YEAR)

CORONER'S MEDICAL EXAMINER'S SIGNATURE **C. S. Deming, M.D.**

22a. **C. S. Deming, M.D.** CORONER'S PHYSICIAN'S NAME (Type and print)

22b. **8-11-98** DATE SIGNED (MONTH, DAY, YEAR)

23a. **Funeral Home** CEMETERY OR CREMATORY-NAME 23b. **Funeral Home** CITY OR TOWN

24a. **Funeral Home** STREET AND NUMBER OR R.F.D. 24b. **Funeral Home** CITY OR TOWN

24c. **Funeral Home** STATE 24d. **Funeral Home** DATE (MONTH, DAY, YEAR)

25a. **Funeral Home** FUNERAL DIRECTOR'S SIGNATURE 25b. **Funeral Home** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25c. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

25d. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. **Funeral Home** LOCAL REGISTRAR'S SIGNATURE 26b. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26c. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26d. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26e. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26f. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26g. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26h. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26i. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26j. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26k. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26l. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26m. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26n. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26o. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26p. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26q. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26r. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26s. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26t. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26u. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26v. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26w. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26x. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26y. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26z. **Funeral Home** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)