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1999-02-19 09:41:24  
Cook County Recorder 47.50



Mail To: Versey J. Williams  
707 S. Lowe Avenue  
Chicago, IL 60621



LAND TITLE AMERICA



15 SPINNING WHEEL ROAD SUITE 210 HINSDALE IL 60521 (708) 323-9870

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK } ss

RE: FILE NO. UK 290064-C2

Versey L Williams, being duly sworn and for the purpose of inducing Land Title America, Inc. to delete all title exceptions caused by the death of Mildred Williams, states:

- That Affiant resides at 2017 S. Lowe, Chicago, IL 60621;
- That Affiant was acquainted with said decedent who died on 1/29/98 as evidenced by the certified copy of death certificate attached hereto;
- That said decedent was one of the owners of land:
  - described in the subject file, or;
  - legally described as follows;
- That said decedent died:
  - leaving no Last Will and Testament;
  - leaving a Last Will and Testament, a copy of which is attached hereto;
- That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ 10,000.00.

Subscribed and sworn to before

me by the said \_\_\_\_\_ Affiant  
this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

Versey J. Williams  
(Affiant's Signature)

Notary Public

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REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS		STATE FILE NUMBER <b>601908</b>	
REGISTERED NUMBER					
DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)					
<b>1. MILDRED WILLIAMS</b>		<b>2. FEMALE</b>		<b>3. JANUARY 29, 1998</b>	
COUNTY OF DEATH					
<b>4. COOK</b>					
AGE - LAST MONTH DAY (YAS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
<b>5a. 82</b>		<b>5b. 82</b>		<b>6a. FEBRUARY 7, 1915</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER					
<b>6b. CHICAGO</b>					
HOSPITAL OR OTHER INSTITUTION (NAME IF NOT BY STREET) GIVE STREET AND NUMBER					
<b>6b. MERCY HOSPITAL MEDICAL CENTER</b>					
IF HOSP. OR HST. INDICATE D.O.A. OR OTHER FM. INPATIENT (SPECIFY)					
<b>6c. INPATIENT</b>					
BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
<b>7. MEMPHIS, TN.</b>		<b>8a. MARRIED</b>		<b>8b. VERSEY WILLIAMS</b>	
SOCIAL SECURITY NUMBER					
<b>10. 349-49-7879</b>					
USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONE HIGHEST GRADE COMPLETED)	
<b>11a. DOMESTIC ENGINEER</b>		<b>11b. GENERAL</b>		<b>12. 12</b>	
RESIDENCE (STREET AND NUMBER)					
<b>13a. 7017 S LOWE AVENUE</b>					
CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
<b>13b. CHICAGO</b>		<b>13c. YES</b>		<b>13d. COOK</b>	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	
<b>13e. ILLINOIS</b>		<b>13f. 60621</b>		<b>14a. BLACK</b>	
FATHER NAME FIRST MIDDLE LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		MOTHER NAME FIRST MIDDLE LAST (MAIDEN) LAST	
<b>15. WILLIAM ARTHUR</b>		<b>14b. NO</b>		<b>16. CALLIE MITCHELL</b>	
INFORMANT'S NAME (NEAREST OF KIND)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
<b>17a. SILVESTRE B. SARROZA JR</b>		<b>17b. HOSPITAL RECORDS</b>		<b>17c. 2525 S MICHIGAN AVE, CHGO, IL 60616</b>	
17a. ADMITTING REGISTRAR					
18. PART I. Enter the diseases, 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		(a) CEREBRAL VASCULAR ACCIDENT		IMMEDIATE	
		DUE TO, OR AS A CONSEQUENCE OF			
		(b)			
		DUE TO, OR AS A CONSEQUENCE OF			
		(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
				<b>19a. NO</b>	
				WAS THIS A PREGNANCY IN PART THREE MONTHS?	
				<b>20c. YES NO</b>	
DID (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
<b>21. JANUARY 28, 1998</b>		<b>21b. NO</b>		<b>21c. 08:40 A.M.</b>	
THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER	
<b>22. CALVIN HALL JR., M.D.</b>		<b>22b. JANUARY 29, 1998</b>		<b>22a. 036-053291</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE (MONTH, DAY, YEAR)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
<b>23. CALAHAN FUNERAL HOME 7030 S. HALSTED, CHICAGO, ILLINOIS 60621</b>		<b>24d. FEB. 4, 1998</b>			
FUNERAL CREMATION (TYPE OR PRINT)		CEMETERY OR CREMATORY NAME		LOCATION CITY OR TOWN STATE	
<b>24. BURIAL</b>		<b>24b. HOMEWOOD CEMETERY</b>		<b>24c. HOMEWOOD, ILLINOIS</b>	
GENERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE	
<b>25. CALAHAN FUNERAL HOME 7030 S. HALSTED, CHICAGO, ILLINOIS 60621</b>					
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER		DATE OF DEATH (MONTH, DAY, YEAR)	
<b>26. Calvin Hall Jr.</b>		<b>25c. 034-012004</b>		<b>FEB 3 - 1998</b>	

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

FEB 3 - 1998

SHEILA LYNE  
REGISTRAR OF  
THE CITY OF CHICAGO  
CERTIFY THAT  
THE RECORDS  
AND DEATHS  
BY VIRTUE OF  
OF ILLINOIS A  
THE CITY OF CHICAGO  
ACCOMPANYING  
SHEET IS A TRUE  
COPY BY ME  
LAWS AND OR



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Legal Description

UK-290064-C2

Lot 39 in block 8 in Beck's Subdivision of the Southwest 1/4 of the Southwest 1/4 of Section 21, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Tax Index Number 20-21-324-006, Volume 432.

Property of Cook County Clerk's Office

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