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1999-03-11 13:34:06
Cook County Recorder 43.50

REAL ESTATE
INFORMATION SERVICES

DECEASED JOINT TENANT AFFIDAVIT



STATE OF ILLINOIS)

DATE: 8/13/93

COUNTY OF)

SS

COMMITMENT NO:

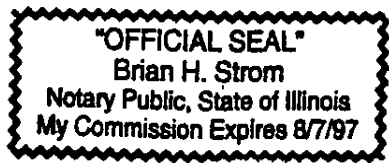
Lucille Butts, being first duly sworn, for the purpose of inducing TRW Title Insurance Company to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/(n) resides at: 731 N. Lotus, Chicago, IL 60644
2. That he/she was acquainted with Mose Butts who died on 11/30/25, 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: 2 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/ Estate Tax and Federal Estate Tax purposes does not exceed \$ 45,000.00

Lucille Butts
Affiant's Signature

Subscribed and sworn to before me this 8th day of August 19 93

[Signature]
Notary Public



ASSOCIATES FINANCE INC,
6500 W. IRVING PARK RD.
CHICAGO, IL 60634

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER **628646**

December 2, 1975

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

DECEASED—NAME **Mose** FIRST **Butts** MIDDLE **SEX** **Male** DATE OF DEATH (MONTH, DAY, YEAR) **November 30, 1975**

1. RACE WHITE, NEGRO, AMERICAN INDIAN, **Mose** AGE—LAST BIRTHDAY (MM/DD/YY) **47/11/28** UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) **March 10, 1928** PLACE OF BIRTH **Cook** COUNTY

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** 5a. BIRTHDAY (MM/DD/YY) **47/11/28** 5b. INSIDE CITY (YEAR/NO) **Yes** 5c. INSIDE CITY (YEAR/NO) **Yes** 6. **Roosevelt Memorial Hospital** (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. BIRTHPLACE (STATE OR FOREIGN COUNTY) **Mississippi** 7c. CITIZEN OF WHAT COUNTRY **United States** 7d. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED **Married** 7e. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIDOWED) **Lucille DANVILLE**

8. SOCIAL SECURITY NUMBER **425-50-0995** 9. USUAL OCCUPATION **ABAREE** 10. KIND OF BUSINESS OR INDUSTRY **General** 11. NAME OF WAR VETERAN **NO** 12. U.S. WAR VETERAN **NO** 13. WAR OR DATES OF SERVICE **NO** 14a. RESIDENCE **Illinois** 14b. COUNTY **Cook** 14c. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** 14d. STREET AND NUMBER **731 N. Lotus** 14e. STATUS **Yes**

15. FATHER—NAME **Mose BUTTS** 16. MOTHER—MAIDEN NAME **BESSIE SPANGLER** 17a. RELATIONSHIP **Records** 17b. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP) **426 W. Wisconsin Chgo, Ill. 60614** 17c. RECORDS **17c. Records** 17d. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** 17e. STREET AND NUMBER **426 W. Wisconsin Chgo, Ill. 60614**

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE **Acute myocardial infarction** 1a. DUE TO OR AS A CONSEQUENCE OF: **Acute myocardial infarction** 1b. DUE TO OR AS A CONSEQUENCE OF: **Acute myocardial infarction** 1c. DUE TO OR AS A CONSEQUENCE OF: **Acute myocardial infarction**

PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (a), (b), AND (c): **None**

18. DATE OF OPERATION, IF ANY **None** MAJOR FINDINGS OF OPERATION **None** 19a. AUTOPSY (YES/NO) **NO** 19b. IF YES, WERE FINDINGS CONFIRMED BY DISSECTION? **NO** 19c. IF YES, WERE FINDINGS CORROBORATED BY DISSECTION? **NO**

20. ATTENDED THE DECEASED FROM: (MONTH, DAY, YEAR) **11/5/75** TO: (MONTH, DAY, YEAR) **11/30/75** 21. DATE SIGNED (MONTH, DAY, YEAR) **11/30/75** 22. HOUR OF DEATH **8:55 A.M.**

23. SIGNATURE **[Signature]** 24. DATE SIGNED (MONTH, DAY, YEAR) **12/1/75** 25. ILLINOIS LICENSE NUMBER **26. 16 YG 212**

23. MAILING ADDRESS—CERTIFIER **426 W. Wisconsin** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60614**
 23. BUREAL CREMATION, REMOVAL (specify) **Local** CEMETERY OR CREMATORIAN NAME **Local** LOCATION **Chicago** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60614**
 24a. FUNERAL HOME NAME **Local** STREET AND NUMBER OR R. F. D. **Local** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60614**
 24b. FUNERAL HOME NAME **Local** STREET AND NUMBER OR R. F. D. **Local** CITY OR TOWN **Chicago** STATE **Illinois** ZIP **60614**
 25a. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** 25b. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** 25c. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** 25d. FUNERAL DIRECTOR'S SIGNATURE **[Signature]**
 25e. LOCAL BOARD'S SIGNATURE **[Signature]** CHICAGO BOARD OF HEALTH Chicago Civic Center, Room 105, 100 N. Dearborn St., Chicago 60602-266. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 2 1975**
 (VR-200 (1-5-64)) Illinois Department of Public Health, Office of Vital Records (BASED ON 1968 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO } SS

I, Murray C. Brown, M.D. 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

99234922

BOARD OF HEALTH—CITY OF CHICAGO