



Sanctity of Contract



99258295

STEWART TITLE OF ILLINOIS
2 N. LA SALLE ST. SUITE 1020
CHICAGO, ILLINOIS 60602

Stewart Title Company of Illinois

99258295 1062

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

STCI File Number: . .

Quemelia Owens

being duly sworn states that she resides at 403 Seward in the City of Park Forest

That she was acquainted with Pryor W. Owens, deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

3P
JB

That the deceased died 7-20-97 as evidenced by a certified copy of death certificate of the deceased attached hereto.

- That the deceased died: Leaving no Last Will & Testament.
- Leaving a Last Will & 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.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois about _____

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 _____ dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 22nd day of February, A.D. 19 99

Notary Public: [Signature]

X Quemelia Owens
(Affiant's Signature)



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THIS CERTIFIED COPY IS VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 04 1997

I, SHEILA 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.



MEDICAL CERTIFICATE OF DEATH

DISTRICT NO. **10.11** NUMBER **612173**

DECEASED-NAME **Pryor, N Owens** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **3 July 20, 1997**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago, Ill.** COUNTY OF DEATH **Cook**

AGE-LAST BIRTHDAY (YRS) **5a. 57** UNDER 1 YEAR **5b.** UNDER 1 DAY **5c.** UNDER 1 HOUR **5d.** UNDER 1 MIN. **5e.** DATE OF BIRTH (MONTH, DAY, YEAR) **5d August 16, 1939**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) **Michael Reese Hospital**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Memphis, Tenn.** MARRIED NEVER MARRIED **Widowed** IF MARRIED OR INST. INDICATE D.O.A. OPERATOR, IM, INFANT (SPECIFY) **6c. In-Patient**

SOCIAL SECURITY NUMBER **10328-32-2973** USUAL OCCUPATION **Real Estate** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Quemolia Harris** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9.**

RESIDENCE (STREET AND NUMBER) **13403 Seward Street** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Park Forest, Ill.** INSIDE CITY (YES/NO) **13c. No** COUNTY **Cook**

STATE **Illinois** ZIP CODE **150466** RACE (WHITE, BLACK, AMERICAN INDIAN, OTHER SPECIFY) **Black**

FATHER-NAME **Pryor** MOTHER-NAME **Jennie Lee** (M, I, D, N) LAST **Noel**

INFORMANT'S NAME (TYPE OR PRINT) **Quemolia Owens** RELATIONSHIP **Wife** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) **1403 Seward St. Park Forest Ill. 60466**

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. Enter the immediate cause (Final disease or condition resulting in death) **(a) Schemic heart disease**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(b) Recent myo. Cardial Infarction**
 CAUSE LAST: **(c) Congestive heart failure**

17 yrs
6 months

19. AUTOPSY (YES/NO) **19a. No** 19b. NO 19c. YES 19d. NO

20. MAJOR FINDINGS OF OPERATION **7** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES** 20d. NO

21. (1) DID THE PHYSICIAN ATTEND THE DECEASED (MONTH, DAY, YEAR) **7-9-97** WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) **21b. Yes** HOUR OF DEATH **21c. 12:30 P. M.**

22. SIGNATURE **Antia Z. Hamid, M.D.** DATE SIGNED (MONTH, DAY, YEAR) **7-23-99**

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Antia Z. Hamid, M.D., 1. T. Tails Drg HARVEY, Illinois** ILLINOIS LICENSE NUMBER **22b. 30-45022**

24. BURIAL, CREMATION, REMOVAL (SPECIFY) **Funeral** CEMETERY OR CREMATORY NAME **Lincoln** LOCATION **Chicago, Ill.** STATE **Ill.** DATE (MONTH, DAY, YEAR) **July 25, 1997**

25. FUNERAL HOME NAME **Slaughter & Son Funeral Directors, 2024 E. 77th St. Chgo. Ill. 60649** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

26. FUNERAL DIRECTOR'S SIGNATURE **Bernard Slaughter, Sr.** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **26c. 034-010699**

27. LOCAL REGISTRAR'S SIGNATURE **Sheila Lyne** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **JUL 24 1997**

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99258295

SCHEDULE A
ALTA Commitment
File No.: 66596

LEGAL DESCRIPTION

Lot 17 in Block 25 in Lincolnwood Center, being a subdivision of part of the Southeast Quarter and part of the Southwest Quarter of Section 24, Township 35 North, Range 13, East of the Third Principal Meridian, according to the plat thereof recorded June 26, 1958 as document 17245364 and filed in the Office of the Registrar of Titles as document no. LR1803326, in Cook County, Illinois.

31-24-307-001

Property of Cook County Clerk's Office