

AFFIDAVIT - DEATH OF JOINT TENANT



STATE OF ILLINOIS COUNTY OF COOK

NEDRA J. TAYLOR, Of legal age, being first duly sworn, deposes and says: That MARIOUS TAYLOR, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as MARIOUS TAYLOR named as one of the parties in that certain Warranty Deed dated 12-13-69, executed by Robert D. McAdaragh and Kathryn M. McAdaragh, husband and wife, Marios Taylor and Nedra J. Taylor, husband and wife, as Joint Tenants, recorded 1-7-70 in Book N/A, Page N/A, Inst. No. 21052139, records of said county, covering the following described property situated in the County of COOK State of ILLINOIS

LOT 30 IN BLOCK 1 IN TENINGA BROTHERS AND COMPANY'S 6TH BELLEVUE ADDITION TO ROSELAND BEING A SUBDIVISION OF LOTS 36 AND 37 (EXCEPT THE WEST 174 FEET THEREOF) IN SCHOOL TRUSTEES' SUBDIVISION OF SECTION 16, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-16-303-022

That the value of all real and personal property owned by said decedent at the date of death, including the full value of the property above described, did not then exceed the sum of \$ n/a

Dated: 6-3-00

By Nedra J Taylor

00543163

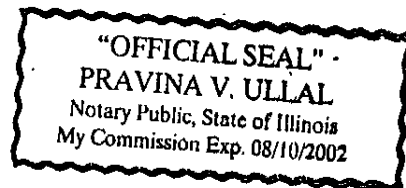
State of ILLINOIS County of COOK

472/0014 27 001 Page 1 of 2 2000-07-20 09:10:17 Cook County Recorder 43.50

On 6-3-00, before me, PRAVINA V. ULLAL, Notary Public, personally appeared NEDRA J. TAYLOR, personally known to me of proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

Pravina V. Ullal Notary Public



Prepared By: The Money Store Jane Quirk 1825 N. Market Blvd., Suite 230 Sacramento, CA 95834 916-828-3699

SNO P2 SNO MYE

I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

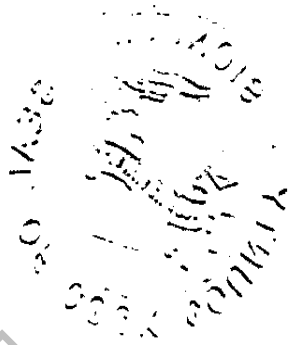
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

BIRTH NO.		REGISTRATION DISTRICT NO 16:33	STATE OF ILLINOIS				STATE FILE NUMBER 74014063
		REGISTERED NUMBER 109	MEDICAL CERTIFICATE OF DEATH				
DECEASED - NAME		FIRST MARTIUS	MIDDLE	LAST TAYLOR	SEX 2 MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 FEBRUARY 2, 1994	
COUNTY OF DEATH 4 COOK		AGE - LAST BIRTHDAY (M/D/Y) 5a 64	UNDER 1 YEAR 5b	UNDER 1 DAY 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d OCTOBER 23, 1929		
CITY, TOWN, TWP OR ROAD, STREET NUMBER 6a EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT NEITHER GIVE STREET AND NUMBER) 6b LITTLE COMPANY OF MARY HOSPITAL			IF HOSP. OR INST. INDICATE D.O.A. COMPLETED OR INPATIENT (SPECIFY) 6c INPATIENT		
BIRTHPLACE (CITY AND STATE OR COUNTRY) 7 LEALAND, MISS.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b WEDRA PATTERSON		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 NO		
SOCIAL SECURITY NUMBER 10 427-48-5503		USUAL OCCUPATION 11a STEEL WORKER	KIND OF BUSINESS OR INDUSTRY 11b STEEL MILL		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 12		
RESIDENCE (STREET AND NUMBER) 13a 10718 S WALLACE		CITY, TOWN, TWP OR ROAD DISTRICT NO 13b CHICAGO		INSIDE CITY 13c YES	COUNTY 13d COOK		
STATE 13e ILLINOIS		ZIP CODE 13f 60628	RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) 13g BLACK AMERICAN	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, AMERICAN, PUERTO RICAN, ETC.) 14b (X) NO () YES SPECIFY			
FATHER - NAME FIRST MIDDLE LAST 15 JIM TAYLOR		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16 ELDEE		DEFORMITY (TYPE OR SIGNATURE) 17a KELLY MARTIN/CLERK			
MARRIAGE ADDRESS (CITY OR TOWN, STATE, ZIP) 17b EVERGREEN PARK ILLINOIS 60647		18 PART I Enter the disease, 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) cerebral bleed		DUE TO OR AS A CONSEQUENCE OF (b)				DUE TO OR AS A CONSEQUENCE OF (c)	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (d)		PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I severe hypertension					
DATE OF OPERATION, IF ANY 19a		MAJOR FINDINGS OF OPERATION 20b		AUTOPSY (YES/NO) 19b NO		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES () NO (X)	
(WHO (DID NOT) ATTEND THE DECEASED AND LAST SAW HE/HER ALIVE ON) 21a 2 Feb 94		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b NO		HOUR OF DEATH 21c 12:45 P M			
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE 22a [Signature]		DATE SIGNED 22b 3 Feb 94		ILLINOIS LICENSE NUMBER 22d 36-55591	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c J. K. [Signature] 2508 W 87th		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a BURIAL	CEMETERY OR CREMATORY - NAME 24b CEDER PARK	LOCATION 24c CHICAGO, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d 2/5/94				
FUNERAL HOME 25a DUTY NASH, LTD. 8620 STONY ISLAND AVENUE CHICAGO, ILLINOIS 60617		FUNERAL DIRECTOR'S SIGNATURE 25b [Signature]		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 9655			
LOCAL REGISTRAR'S SIGNATURE 26a [Signature]		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b Feb 5, 1994					

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