

Sanctity of Contract

Stewart Title Company of Illinois



00938372

STCI

126867

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF ) SS.

STCI File Number: 126867

Mary Coleman  
being duly sworn states that she resides at 7032 So Morgan in the City of Chicago

That she was acquainted with Wesley Robinson deceased who, at the time of death, was one of the sworn of the land in \_\_\_\_\_ County, Illinois, describes as:

See attached

That the deceased died Nov 26, 1988 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 \$80,000.00 dollars.

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

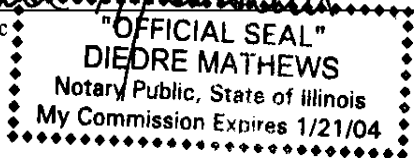
Subscribed and sworn to before me by the said

daughter

this 27<sup>th</sup> day of Nov, A.D. 2000

Diedre Mathews  
Notary Public

Mary Coleman  
(Affiant's Signature)



UNOFFICIAL COPY

00938372

Property of Cook County Clerk's Office



STCI \_\_\_\_\_

Prepared by E-mail to:  
MARY COLEMAN  
7032 So MORGAN  
Chgo, IL 60621

# UNOFFICIAL COPY

SCHEDULE A  
ALTA Commitment  
File No.: 126867

00933372

## LEGAL DESCRIPTION

The South 20 feet of Lot 14 and the North 8 feet of Lot 15 in Block 16 in Lee's Subdivision of the West ½ of the Southeast ¼ of Section 20, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office

STEWART TITLE COMPANY

# UNOFFICIAL COPY

I, Claude Earl Fox, M.D., M.P.H., Acting State Registrar of Vital Statistics, certify this is a true and exact copy of the original certificate filed in the Bureau of Vital Statistics, State of Alabama, Department of Public Health, Montgomery, Alabama, and have caused the official seal of the Bureau of Vital Statistics to be affixed.

00933372

January 3, 1989

Claude Earl Fox, M.D., M.P.H., Acting State Registrar

## STATE OF ALABAMA CERTIFICATE OF DEATH

State File Number 101

88-034581

TYPE OR PRINT IN PERMANENT BLACK INK. DO NOT USE GREEN, RED, OR BLUE INK.

DECEASED  
USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

MOTHER

FATHER

CAUSE

MEDICAL  
CERTIFICATION

IF NO PHYSICIAN WAS IN ATTENDANCE, MEDICAL CERTIFICATION SHOULD BE COMPLETED BY THE LOCAL HEALTH OFFICER OR CORONER

CERTIFIER

DISCLOSURE OF SOCIAL SECURITY NUMBER IS VOLUNTARY

BURIAL

1. DECEASED—NAME First Middle Last (Print last name all capitals) <b>Wesley ROBINSON</b>			2. DATE OF DEATH (Month, Day, Year) <b>November 26, 1988</b>		3. COUNTY OF DEATH <b>Autauga</b>			
4a. CITY, TOWN, OR LOCATION OF DEATH AND ZIP CODE <b>Prattville 36067</b>			4b. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		4c. PLACE OF DEATH (If not in either, give street and number) <b>Autauga Medical Center</b>			
5a. OF HISP. ANCESTRY (Specify Yes or No) If yes, Specify Cuban, Mexican, Puerto Rican, etc. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			5b. RACE—American Indian, Black, White, etc.—Specify: <b>Black</b>		5c. SEX <b>M</b>			
7a. AGE— <b>82</b> Years			7b. LAST YEAR MOF YAYS		7c. UNDER 1 DAY HOURS MIN			
8a. PLURALITY AT BIRTH <input type="checkbox"/> Single <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Other (Specify) <b>U/K</b>			8b. IF NOT SINGLE BIRTH—BORN <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Other (Specify)		9. DECEASED'S SOCIAL SECURITY NUMBER <b>343-20-5794</b>			
10. WAS DECEDENT EVER IN ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			11. DECEASED'S EDUCATION—Specify only highest grade completed. Elementary Secondary (Circle) <b>U/K</b> College (Circle) <b>U/K</b>		12. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
13. SURVIVING SPOUSE (If wife, give maiden name) <b>Marie Robinson</b>			14. STATE OF BIRTH (If not in U.S.A., name country) <b>Alabama</b>			15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		
16. KIND OF BUSINESS OR INDUSTRY <b>Farm C/O</b>			17a. RESIDENCE—STATE <b>Alabama</b>			17b. COUNTY <b>Autauga</b>		
17c. CITY, TOWN, OR LOCATION AND ZIP <b>Autaugaville</b>			17d. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17e. STREET AND NUMBER <b>Rt. 1 Box 2</b>			
18. MOTHER—MAIDEN NAME First Middle Last <b>Ella Green</b>			19. DATE OF BIRTH <b>U/K</b>		20. SOCIAL SECURITY NUMBER <b>U/K</b>			
21. FATHER—NAME First Middle Last <b>Orum Robinson</b>			22. DATE OF BIRTH <b>U/K</b>		23. SOCIAL SECURITY NUMBER <b>U/K</b>			
24. PHYSICIAN'S NAME (If any) Address <b>Dr. Kenneth Nichols 120 E. Main Street</b>			25. INFORMANT—NAME Address <b>Lillie Houser (Sister) Autaugaville, AL</b>					
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), or (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
26. IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 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) <b>Cardiac Arrest</b> Due to, or as a consequence of: (b) <b>A SCVO</b> Due to, or as a consequence of: (c) <b>4322</b>								
27. PART II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not related to cause given in part I (b)					28a. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. EXTERNAL CAUSES ONLY: <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> OTHER (Specify)					28b. IF YES were findings considered in determining cause of death <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30a. WAS AN OPERATION PERFORMED During Last 28 Days <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					28c. WAS THERE A PREGNANCY IN LAST 90 DAYS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. 42 DAYS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.			
31a. DATE OF INJURY (Month, Day, Year)			31b. HOUR		31c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, item 27)			
31d. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			31e. PLACE OF INJURY—At home, farm, street, factory, office bldg., etc. (Specify)		31f. LOCATION (Street or R.F.D. No., City or Town, State)			
32a. CERTIFIER (check only one) <input type="checkbox"/> Certifying Physician (Physician certifying cause of death) "To the best of my knowledge death occurred at the time, date and place, and due to the cause(s) and manner stated." <input type="checkbox"/> Medical Examiner/Coroner or Health Officer "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated."					32b. CERTIFIER LICENSE NUMBER <b>12055</b>			
33a. CERTIFICATION PHYSICIAN I attended the Deceased from <b>5/24/86</b> to <b>11/26/88</b>			33b. AND LAST SAW HIM/HER ALIVE ON (Mo., Day, Yr.) <b>11-26-88</b>		33c. I did/did not view the body after death <input checked="" type="checkbox"/> Did <input type="checkbox"/> Did Not			
34a. CERTIFICATION MEDICAL EXAMINER/CORONER OR HEALTH OFFICER Hour of Death <b>1:40P M</b>			34b. THE DECEASED WAS PRONOUNCED DEAD Month Day Year Hour <b>November 26, 1988 1:40P M</b>		33e. DEATH OCCURRED (Hour) <b>1:40P M</b> At the place, on the date, and to the best of my knowledge, due to the cause(s) stated.			
35a. CERTIFIER PHYSICIAN, MEDICAL EXAMINER, CORONER OR HEALTH OFFICER (Type or Print Name) <b>R. Kenneth Nichols, M.D.</b>					35b. MAILING ADDRESS—CERTIFIER (Street or R.F.D. No., City or Town, State, Zip) <b>120 E. Main Street, Prattville, AL 36067</b>			
35c. CERTIFIER'S SIGNATURE <i>R. Kenneth Nichols</i>					35d. DATE SIGNED (Month, Day, Year) <b>12-15-88</b>			
36. DISPOSITION OF BODY <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Removal <input type="checkbox"/> Cremation <input type="checkbox"/> Donation			37a. CEMETERY OR CREMATORY—Name <b>Walter Jones</b>		37b. LOCATION—City or Town State <b>Autauga County, AL</b>			
37c. DATE OF DISPOSITION (Month, Day, Year) <b>12-4-1988</b>			37d. FUNERAL HOME—Name and Address (Street or R.F.D. No., City or Town, State, Zip) <b>Ross-Clayton 1412 Adams Ave. Montg., AL</b>		37e. DATE SIGNED BY FUNERAL DIRECTOR <b>12-1-1988</b>			
37f. FUNERAL DIRECTOR—Signature <i>W. Griffin</i>			38a. REGISTRAR—Signature <i>Mary Rose Raines</i>		38b. DATE RECEIVED BY LOCAL REGISTRAR <b>Dec. 21, 1988</b>			