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8016/0025 20 001 Page 1 of 2
2000-12-19 10:29:44
Cook County Recorder 23.50

00996914

DECEASED JOINT TENANCY AFFIDAVIT

FILE NUMBER: CT00-295

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

ETHELENE WASHINGTON, hereinafter referred to as the affiant, states under oath that the affiant resides at 8222 SOUTH LANGLEY AVENUE in the City of CHICAGO Illinois; that the affiant was aquanted with LOUIS C. WASHINGTON, the decedent; that at the time of death, the decedent was one of the owners of the land in COOK County, Illinois, and legally described as follows:

LOT 7 IN BLOCK 30 IN CHATHAM FIELDS, BEING A SUBDIVISION OF THE NORTHEAST QUARTER OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

20-34-229-022

That the decedent died on MAY 31, 1994, as evidence by certified copy of the death certificate attached hereto;

That the decedent died:

XXX Leaving no Last Will and Testament;

___ Leaving a Last Will and 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 ___.

___ Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of ___ County, Illinois on or 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 decedent's death, does not exceed the sum of N/A dollars.

That the affiant makes this Affidavit to induce COMBINED TITLE CO. to issue its Title Insurance Policy on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal represenatives or assignees, to forever fully indemnify protect, defend and hold COMBINED TITLE CO harmless and to reimburse the Corporation for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Corporation may suffer, expend or incur by reason of the issuance od said policy free and clear of the following objections:

1 Claims against the Estate of ___, the decedent;
2 Illinois State Inheritance Tax and Federal Tax which may be charged against the Estate of the decedent;
3 Legacies, if any, created by the Will of said decedent;
4 Rights to contribution.

MAIL TO
Bank One NA
10300 Kincaid Drive, Ste IN1-9032
Fishers, IN 46038-9543

Ethelene Washington
ETHELENE WASHINGTON SEAL

SEAL

Subscribed and Sworn before me this 1st day of December, 2000

OFFICIAL SEAL
MICHAEL R RITTER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES:07/15/01

NOTARY PUBLIC {SEAL}

NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection
A death certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

"ATTENTION: STATE: Disclosure of the SS# was and to pursue our responsibilities is voluntary and there will be no penalty for refusal."

Local No. 437

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH CERTIFICATE ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Jun 1 1994 — Date Issued — Hammond Health Commissioner

The records in this series are confidential per IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. Decedent's Name (First, Middle, Last): Louis Washington
2. Sex: Male
3a. Time of Death: 1:25 a.m.
3b. Date of Death: May 31, 1994
4. Social Security Number: 355-03-6963
5a. Age - Last Birthday (Years): 81
5b. Under 1 Year: Months / Days
5c. Under 1 Day: Hours / Minutes
6. Date of Birth: April 11, 1913
7. Birthplace: Dermont, Arkansas
8a. Was decedent ever a U.S. veteran? No
8b. Year last served in U.S. Armed Forces? N/A
9a. Place of Death: Hospital: [X] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. Facility Name: St. Margaret Hospital
9c. City, Town or Location of Death: Hammond
9d. County of Death: Lake
10. Marital Status: Married
11. Surviving Spouse: Ethelene Williams
12a. Decedent's Usual Occupation: Truck Driver
12b. Kind of Business or Industry: Paper Waste Company
13a. Residence - State: Illinois
13b. County: Cook
13c. City, Town or Location: Chicago
13d. Street and Number: 8222 So. Langley
13e. Zip Code: 60619
13f. Inside City Limits: [ ] No [X] Yes
13g. On Farm? [X] No
14. Citizen of What Country: U.S.A.
15. Was Decedent of Hispanic Origin? [X] No [ ] Yes
16. Race: Afro Amer
17. Decedent's Education: Elementary/Secondary (0-12): 9; College (1-4 or 5+):

PARENTS

18. Father's Name: James Wade Washington
19. Mother's Name (Maiden Surname): Flora Hopper

INFORMANT

20a. Informant's Name: Ethelene Washington
20b. Mailing Address: 8222 So. Langley, Chicago, IL 60619
20c. Relationship: Wife

DISPOSITION

21a. Method of Disposition: [ ] Burial [ ] Entombment [ ] Cremation [X] Removal from State [ ] Donation [ ] Other (Specify)
21b. Date and Place of Disposition: June 7, 1994 — Mt. Glenwood West Cemetery
21c. Location: Willow Springs, IL
22a. Embalmer's Name: Sherman C. Banks III
22b. Embalmer's License No.: FD01016254
23. Was death reported to coroner? [X] No [ ] Yes
24a. Signature of Funeral Director: Paula L. Harris
24b. License Number: 0005?00591
25. Name, Address and License Number of Funeral Home: Smith Bizzell Warner & Son, Lena T. Bryant F.D., 1136 W. 87th Street, Chicago, IL 60620 Lic. #7418

CAUSE OF DEATH

26. Part I. 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.

	Cause	Approximate Interval Between Onset and Death
a. Immediate Cause	Cardio Respiratory Failure	
b. Due to (or as a consequence of)	Broncho Pneumonia Lungs	
c. Due to (or as a consequence of)	Renal Failure	
d. Due to (or as a consequence of)	Arthrosclerotic Heart Disease	

Part II. Other significant conditions:
27. Was decedent pregnant or 90 days postpartum? No
28a. Was an autopsy performed? No
28b. Were autopsy findings available prior to completion of cause of death? No

CERTIFIER

29a. Certifier: [X] Certifying Physician [ ] Health Officer [ ] Coroner
29b. Signature and Title of Certifier: K. Trivedi M.D.
29c. Medical License No.: 33282
29d. Date Signed: May 31, 1994
30. Name and Address of Person Who Completed Cause of Death: K. Trivedi, M.D. 656 Wentworth Avenue, Calumet City, Illinois 60409

HEALTH OFFICER

31. Health Officer's Signature: Franklin D. Fernandez M.D.
32. Date Filed: June 1, 1994

33. Manner of Death: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. Date of Injury:
34b. Time of Injury:
34c. Injury at Work?
34d. Describe How Injury Occurred:
34e. Place of Injury:
34f. Location:
34g. Date Pronounced Dead:
34h. Motor Vehicle Accident?

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