



1776 Hirtz Road
Wheeling, Illinois 60090

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

Commitment Number: 992031

Date: Nov 16, 1999
00055633

ABSOLUTE TITLE SERVICES, INC.

2868/0034 36 005 Page 1 of 3
2000-01-24 09:58:45
Cook County Recorder 47.50

STATE OF ILLINOIS)
COUNTY OF COOK) 5



JAMES E. BARBER, being duly sworn states that HE resides at
6751 S. CAMPBELL in the City of CHICAGO

That HE was acquainted with MILDRED BARBER deceased who,
at the time of HE death, was one of the owners of the land in DUPAGE County, Illinois, described as:

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS
Property Address:
PIN:

That the deceased died APRIL 29, 1993, 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 that purpose of inducing REAL ESTATE INDEX, INC., as agent for Chicago Title Insurance Company, to issue its Title Insurance Policy, describing the above mentioned property.

James E. Barber
Affiant

Subscribed and sworn to before me this 16 day of Nov, A.D. 19 99

Kalliope Shaykin
Notary Public

~~~~~  
"OFFICIAL SEAL"  
Kalliope Shaykin  
Notary Public, State of Illinois  
My Commission Expires 11-13-2000  
~~~~~

3/M (P)

UNOFFICIAL COPY

LOT 42 AND THE SOUTH HALF OF LOT 43 IN BLOCK 1 IN BUHMANN'S SUBDIVISION OF BLOCKS 1, 2, 13 AND 14 IN FERNWOOD, BEING A SUBDIVISION OF THE SOUTH EAST QUARTER OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 9915 SOUTH LAFAYETTE
CHICAGO, IL 60628

TAX I.D. NO: 25-00-407-042-0000

**COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
ROLLING MEADOWS**



IN TESTIMONY WHEREOF, THE SAID BELL FEDERAL SAVINGS AND LOAN ASSOCIATION has hereunto caused its corporate seal to be affixed, and these presents to be signed by its Vice-President, and attested to by its Assistant Secretary, this 6th day of AUGUST 1993.

BELL FEDERAL SAVINGS AND LOAN ASSOCIATION

By *Wayne J. Humber* Vice-President

Attest: *[Signature]* Assistant Secretary

STATE OF ILLINOIS }
COUNTY OF COOK } SS.

I, the undersigned, a Notary Public in and for said County in the State aforesaid, DO HEREBY CERTIFY THAT: the persons whose names are subscribed to the foregoing instrument are personally known to me to be duly authorized officers of the Bell Federal Savings and Loan Association and THAT THEY appeared before me this day in person and severally acknowledged that they signed and delivered the said instrument in writing as duly authorized officers of said corporation and caused the corporate seal of said corporation to be affixed thereto pursuant to authority given by the Board of Directors of said Corporation as their free and voluntary act, and as the free and voluntary act and deed of said corporation for the uses and purposes therein set forth.

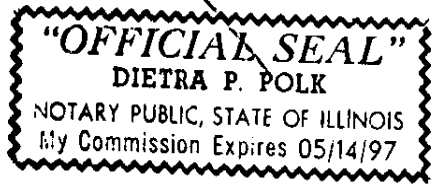
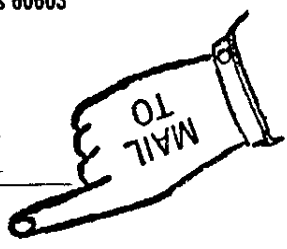
GIVEN under my hand and notarial seal, the day and year first above written.

"THIS INSTRUMENT WAS PREPARED BY"

P. JOHNSON
Bell Federal Savings and Loan Association 79 West Monroe Street
Chicago, Illinois 60603

Dietra P. Polk
Notary Public

Mail to:
JAMES E. BARKER
6751 N. CAMPBELL
CHICAGO IL 60628



Recorder's Box No. _____

*Y
M
GM*

I, DAVID D. 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 WHEREOF, 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 D. Orr
County Clerk

THIS IS A TRUE COPY OF THE ORIGINAL DOCUMENT

00055633 Page 3 of 3

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER		
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				608376
1. DECEASED—NAME FIRST MIDDLE LAST Mildred Barker		SEX Female		DATE OF DEATH (MONTH DAY, YEAR) April 29, 1993		
4. COUNTY OF DEATH COOK		AGE—LAST BIRTHDAY (YRS) 5a. 46		DATE OF BIRTH (MONTH DAY, YEAR) 5b. 5d. June 13, 1946		
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Elizabeth Hospital		6c. IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY) DOA		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Mississippi		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		9. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) James Barker		
10. SOCIETY SECURITY NUMBER NIAT 11a Home Baker		11. KIND OF BUSINESS OR INDUSTRY At Home		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary 3-12) 4		
13a. RESIDENCE (STREET AND NUMBER) 1856 N. Sawyer		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		13c. INSIDE CITY (YES/NO) Yes		
14a. STATE Illinois		14b. ZIP CODE 131.60623		14c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Black		
15. FATHER—NAME FIRST MIDDLE LAST Robert Owens		16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST Pauline Owens Nichols				
17a. INFORMANT'S NAME (TYPE OR PRINT) Pauline Owens		17b. RELATIONSHIP Mother		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 1856 N. Sawyer Chgo, Ill. 23		
18. PART I. Enter the diseases, or complications that caused the death. Do not specify the mode of dying, such as cardiac or respiratory arrest. shock, or heart failure. List only one cause on each line.						
Immediate Cause (Final disease or condition resulting in death)		(a) Encephalitis			APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH 27 years	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Viral Encephalitis			27 years	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO) No			WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO) No	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE WAS THERE A PREGNANCY IN PAST 12 MONTHS? NO		
21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON Apr 1-1993		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Yes		21c. HOUR OF DEATH 5:55 A.M.		
22a. SIGNATURE <i>[Signature]</i>				22b. DATE SIGNED (MONTH DAY, YEAR) MAY 3, 1993		
22c. NAME AND ADDRESS OF CERTIFIER SHELLEN SCHWARTZ 3434 W. PETERSON				22d. ILLINOIS LICENSE NUMBER 36 36658		
23. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY—NAME Restvale		24c. LOCATION (CITY OR TOWN, STATE) Worth Illinois		
25a. FUNERAL HOME A.A. Rayner & Sons 5911 West Madison Street Chicago, Illinois 60644		25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>				
25c. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009394				
26a. DATE FILED BY LOCAL REGISTRAR (MONTH DAY, YEAR) MAY 04 1993		26b. DATE OF DEATH (MONTH DAY, YEAR) MAY 04 1993				