

UNOFFICIAL COPY

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05/97/0018 83 003 Page 1 of 2  
2001-04-30 12:00:59  
Cook County Recorder 23.50



EUGENE "GENE" MOORE  
RECORDER OF DEEDS/REGISTRAR OF TITLE  
COOK COUNTY, ILLINOIS  
COOK COUNTY  
RECORDER



EUGENE "GENE" MOORE  
MARKHAM OFFICE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF

PHILIP H. BROWN BEING DULY SWORN STATES THAT I

RESIDES AT 1635 EVERGREEN RD. IN THE CITY OF HOMERWOOD

THAT I WAS ACQUAINTED WITH DIANA L. BROWN THE DECEASED, WHO AT THE TIME OF HER DEATH WAS ONE OF THE OWNERS OF THE LAND IN COOK COUNTY, ILLINOIS. DESCRIBED AS FOLLOWS:

PERMANENT INDEX NO.: 32-06-222-003-0000

LOT 56 IN HOMERWOOD MANOR, BEING A SUBDIVISION OF THE EAST 710 FEET OF THE NORTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 5 TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN EXCEPTING THEREFROM THE EAST 175 FEET LYING SOUTH OF THE NORTH 175 FEET IN COOK COUNTY, ILLINOIS.

THAT THE DECEASED DIED 12-11-96, AS EVIDENCED BY A ORIGINAL CERTIFIED COPY OF THE 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 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 \_\_\_\_\_.

AT 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 DECEASED, DOES NOT EXCEED THE SUM OF \_\_\_\_\_ DOLLARS.

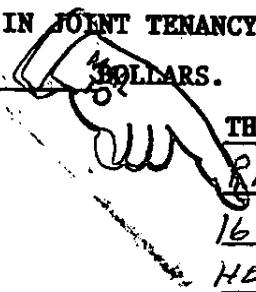
DESCRIBED AND SWORN TO BEFORE ME BY SAID

PHILIP H. BROWN

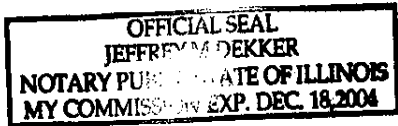
THIS 30th DAY OF APRIL A.D. 2001

[Signature] NOTARY PUBLIC  
exp 12/18/2004

Philip H. Brown  
AFFILIANT'S SIGNATURE



THIS WAS PREPARED BY  
PHILIP H. BROWN  
1635 EVERGREEN RD.  
HOMERWOOD, IL 60430



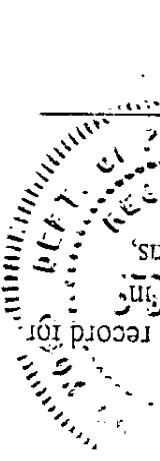
STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0  
REGISTERED NUMBER

Form with fields for: DECEASED-NAME (DIANA BROWN), DATE OF DEATH (DECEMBER 11, 1996), SEX (FEMALE), DATE OF BIRTH (AUGUST 13, 1944), HOSPITAL OR OTHER INSTITUTION-NAME (1635 EVERGREEN ROAD), MARRIAGE STATUS (MARRIED), USUAL OCCUPATION (TEACHER), RACE (WHITE), ETHNICITY (WHITE), RELATIONSHIP (HUSBAND), MORTALITY CAUSE (CARCINOMA OF GALL BLADDER), DATE OF OPERATION (12/26/96), SIGNATURE (Edward P. Bruchon M.D.), LOCAL REGISTRAR'S SIGNATURE (Karen L. Scott, M.D.), and FUNERAL HOME (Hirsch Funeral Homes).



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.  
DATE: December 12, 1996  
SIGNED: [Signature] Registrar  
Official Title: Chief Deputy Registrar  
At Cook County Dept of Public Health  
1010 Lake Street  
Oak Park, IL 60301