

UNOFFICIAL COPY

0910946377

02/13/02 44 001 Page 1 of 3

2001-10-11 16:36:31

Cook County Recorder

25.50



0010946377

STATE OF ILLINOIS)

COUNTY OF Cook)

DATE: 9-27-01

CMT. NO: 01-25565

01-25565 BTIC

DECEASED JOINT TENANT AFFIDAVIT

Robetta Brown-Coffey, BEING FIRST DULY SWORN, FOR THE PURPOSE OF INDUCING BROKERS TITLE INSURANCE COMPANY, TO ISSUE ITS TITLE INSURANCE POLICY COVERING THE LAND DESCRIBED IN THE ABOVE CAPTIONED COMMITMENT, DEPOSES AND SAYS:

3

1. That he/she resides at 845 S. State
2. That he/she was acquainted with Marceline who died on 7-20-95, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That the total value of said decedent died:
 - _____ Leaving no Last Will and Testament.
 - _____ Leaving a Last Will and Testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purpose does not exceed \$ _____

Robetta Brown-Coffey
Affiant's Signature

Subscribed and Sworn to before this 27 day of September, 2001.

Jessica Matys
Notary Public

UNOFFICIAL COPY of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.92	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER 1679	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. William O Brown		2 Male	3. December 15, 1995
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOSE DATES	UNDER 1 DAY HOURS MIN
	4. COOK	5a. 82	5b.	5c. March 17, 1913
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)		IF HOSP OR INST. INDICATE OP-EMER. PAT. INPATIENT (SP)
6a. PREUSSO TOWNSHIP		6b. VETERANS ADM. HINES, IL 60141		6c. Inpatient
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. Chicago, IL		8a. Widowed	8b. None	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGH SCHOOL GRADE COMPLETED) Elementary Secondary (1-12) College (1-4 or 5+)
10. 341-05-2165		11a. LABORER	11b. GENERAL	12. 12
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
13a. 5013 W Gladys		13b. Chicago	13c. Yes	13d. Cook
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)
13e. Illinois		13i. 60644	14a. Black	14b. No <input type="checkbox"/> YES SPECIFY:
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST		
15. Ben Brown		16. Alice Rynes		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, COUNTY, STATE)	
17a. Tyrina Moran, a.o.d.		17b. Hospital Records	17c. VETERANS ADM. HINES, IL 60141	
18. PART I. Enter the disease or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hemorrhage. List only one cause on each line.				
Immediate Cause (Final disease or condition resulting in death)				
(a) Metastatic Prostate Carcinoma				
DUE TO, OR AS A CONSEQUENCE OF				
(b)				
DUE TO, OR AS A CONSEQUENCE OF				
(c)				
PART II. Other significant conditions contributing to death but not resulting in the ultimate cause given in PART I				
			AUTOPSY (YES/NO)	IF AUTOPSY PERFORMED INDICATE COMPLETION OF CAUSE OF DEATH
			19a. NO	19b.
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN THREE MONTHS?
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
WHO (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH
21a. December 15, 1995			21b. No	21c. 11:22
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE <i>Edward Sankary</i>				22b. December 16, 1995
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER
22c. VETERANS ADM. HINES, IL 60141				22d. 125-029591
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.				
BURIAL, CREMATION, REINTERMENT (SPECIFY)	CEMETERY OR CREMATORY-NAME	CITY/TOWN	STATE	DATE (MONTH, DAY, YEAR)
24. BURIAL	24b. LINCOLN	24c. WORTH, IL		24d. 12-19-95
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	
25a. Wallace Funeral Home - 2020 W. Kinsale Rd. Broadview, IL			60153	
FUNERAL DIRECTOR'S SIGNATURE			FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. Wallace			25c. 34-9351	
LOCAL REGISTRAR'S SIGNATURE			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. Richard J. Billik			26b. December 19, 1995	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at 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 **DEC 21 1995** SIGNED *Richard J. Billik*
 AT **BROADVIEW, ILLINOIS 60153**, Illinois. OFFICIAL TITLE: **LOCAL REGISTRAR OF VITAL STATIS**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

UNOFFICIAL COPY

Schedule C Property Description

LOT SEVENTEEN (17) IN SOUTH MANOR, BEING A SUBDIVISION OF LOTS ONE (1) TO TWENTY FOUR (24), BOTH INCLUSIVE IN BLOCK ONE (1) LOTS ONE (1) TO TWENTY FOUR (24), BOTH INCLUSIVE IN BLOCK TWO (2) AND LOTS ONE (1) TO TWENTY FOUR (24) BOTH INCLUSIVE IN BLOCK THREE (3) IN SCHRADER'S SUBDIVISION OF THE SOUTH HALF (1/2) OF THE NORTHWEST QUARTER (1/4) OF THE SOUTHWEST QUARTER (1/4) OF SECTION 34, ALSO OF THE SOUTH HALF (1/2) OF THE NORTH HALF (1/2) OF NORTHWEST QUARTER (1/4) OF SOUTHWEST QUARTER (1/4) OF SECTION 34, AND OF EAST ONE THIRD (1/3) OF NORTH HALF (1/2) OF NORTH HALF (1/2) OF NORTHWEST QUARTER (1/4) OF SOUTHWEST QUARTER (1/4) OF SECTION 34, ALL IN TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN # 20-34-306-006-0000

CKA: 8415 SOUTH STATE STREET, CHICAGO, ILLINOIS 60619

Prepared by:
Robert Brown - Jeffrey
8415 S. State Street
Chicago IL 60619

Brokers Title Insurance Co.
1111 W. 22nd Street
Suite C-10
Oakbrook, IL 60523

0010946377