

DECEASED JOINT TENANCY AFFIDAVIT

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STATE OF ILLINOIS  
COUNTY OF COOK

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2001-11-07 14:31:10  
Cook County Recorder 23.50



0011045615

Order No.:

MAIL TO: Rudy Mulderink, Atty.  
9748 South Roberts Road  
Palo Alto Hills, Il. 60465

Rosie B. Jackson being duly  
sworn state that she resides at

1248 King Drive in the  
City of South Holland. That she was acquainted with  
Peter Harden deceased who, at the time of death, was one of the  
owners of the land in Cook County, Illinois, described as:

LOT 93 IN WINONA TERRACE SUBDIVISION, A SUBDIVISION IN SECTION  
14, TOWNSHIP 36 NORTH, RANGE 14, LYING NORTH OF THE LITTLE CALUMET  
RIVER AND SOUTH OF THE RIGHT OF WAY OF THE PITTSBURG, CHICAGO AND  
ST. LOUIS RAILROAD ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER  
25, 1957 IN THE OFFICE OF THE REGISTRAR OF TITLES AS DOCUMENT NO.  
LR 1771538, IN COOK COUNTY, ILLINOIS.

P.I.T.N. 29-14-215-002

Commonly know as: 1248 King Drive, South Holland, Il. 60473

That the deceased died April 11, 1995, as evidenced by a certified copy of death  
certificate of the deceased attached hereto.

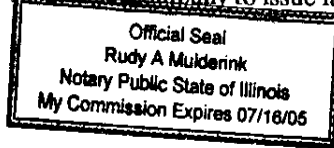
That the deceased died:

- 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  
Five thousand dollars.

Affiant makes this affidavit for the purpose of inducing Tigor Title  
describing the above mentioned property.

Insurance Company to issue its Title Insurance Policy,



Subscribed and sworn to before me by the said

Rosie B. Jackson

this 29<sup>th</sup> day of September, A.D. 2001

Rudy A. Mulderink  
Notary Public

X Rosie B. Jackson  
(Affiant's Signature)  
ROSIE B. JACKSON

S-V  
P-J  
S  
M-Y  
DWT

UNOFFICIAL COPY

Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE

STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER  
**607158**

BIRTH NO.  
 REGISTRATION DISTRICT NO. **1010**  
 REGISTERED NUMBER

DECEASED-NAME **Peter** FIRST **Hardin** MIDDLE LAST SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **April 11, 1995**

COUNTY OF DEATH **Cook** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** AGE-LAST BIRTHDAY (YRS) **40** UNDER 1 YEAR HOURS | DAYS UNDER 1 DAY HOURS | MIN DATE OF BIRTH (MONTH, DAY, YEAR) **August 14, 1904**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) **Michael Reese Hospital** IF DECEASED EVER IN ARMED FORCES? (YES, NO) **NO**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **JACKSON MISS** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **ROSIE LAY**

SOCIAL SECURITY NUMBER **10337-03-03084** USUAL OCCUPATION **TRACTOR DRIVER** KIND OF BUSINESS OR INDUSTRY **INTERSTATE TRUCKING** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **High School**

RESIDENCE (STREET AND NUMBER), CITY, TOWN, TWP. OR ROAD DISTRICT NO. **311 South Michigan Chicago** INSIDE CITY (YES/NO) **Yes** COUNTY **COOK**

STATE **Illinois** ZIP CODE **60615** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **Black** OF HISPANIC ORIGIN? (SPECIFY YES OR NO) **NO**

FATHER-NAME **PETER** FIRST **HAEDIN** LAST **HAEDIN** MOTHER-NAME **ELIZABETH** FIRST **THOMPSON** MIDDLE **THOMPSON** LAST

INFORMANT'S NAME (TYPE OR PRINT) **ROSIE HAEDIN** RELATIONSHIP **WIFE** MAILING ADDRESS (STREET AND OR R.F.D., CITY/TOWN, STATE, ZIP CODE) **1248 KING DAVID SOUTH ILLINOIS**

18. PART I Immediate Cause (Final disease or condition resulting in death) **Septicemia**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) **Anemia**

STATING THE UNDERLYING CAUSE LAST **Renal Failure**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I **Renal Failure**

DATE OF OPERATION, IF ANY **200.** MAJOR FINDINGS OF OPERATION

19a. (I) DID (I) ATTEND THE DECEASED (MONTH, DAY, YEAR) **April 10, 1995** WAS CORONER OR MEDICAL EXAMINER (NOTIFIED)? (YES/NO) **NO**

21a. I Did **April 10, 1995** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **[Signature]** DATE SIGNED (MONTH, DAY, YEAR) **April 11, 1995**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **John C. Farmer M.D. 110 East 69th Street Chicago, Illinois 60619**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **John C. Farmer M.D. 110 East 69th Street Chicago, Illinois 60619**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **RESTAURANT** CEMETERY OR CREMATORY-NAME **RESTAURANT** LOCATION **WORTH ILLINOIS** DATE (MONTH, DAY, YEAR) **APRIL 14 1995**

24a. **RESTAURANT** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE **WORTH ILLINOIS**

25a. **TAVLICK FUNERAL HOME, LTD 103 EAST 74TH STREET CHICAGO ILLINOIS** FUNERAL DIRECTOR'S SIGNATURE **[Signature]** DATE SIGNED (MONTH, DAY, YEAR) **APR 13 1995**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

APR 13 1995

I, SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.