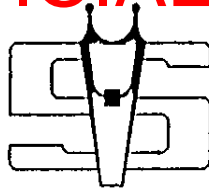


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3/05/01 5 25 001 Page 1 of 3
2001-10-31 11:05:03
Cook County Recorder 47.50



Sanctity of Contract

Stewart Title Company of Illinois



0011017113

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

STCI File Number:

DAVID MILLER
being duly sworn states that he resides at 1211 S. 3rd Ave in the City of MAYWOOD

That he was acquainted with AGERTHIA Miller deceased who, at the time of death, was one of the sworn of the land in _____ County, Illinois, describes as:

See attached

That the deceased died October 5, 2001 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 the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 16 day of October, A.D. 2001.

Julieann Ferrarini
Notary Public

x David Miller
(Affiant's Signature)



163161

3/2/01

UNOFFICIAL COPY

Certified Copy of a Death Record

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>1692</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>1228</u>	MEDICAL CERTIFICATE OF DEATH			
TYPE OF PRICER IN PERMANENT FILE See Funeral Director, Hospital or Physician's Manual for INSTRUCTIONS A. _____ B. _____ C. _____ D. _____ E. _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____ 11. _____ 12. _____ 13. _____ 14. _____ 15. _____ 16. _____ 17. _____ 18. _____ 19. _____ 20. _____ 21. _____ 22. _____ 23. _____ 24. _____ 25. _____ 26. _____ 27. _____ 28. _____ 29. _____ 30. _____ 31. _____ 32. _____ 33. _____ 34. _____ 35. _____ 36. _____ 37. _____ 38. _____ 39. _____ 40. _____ 41. _____ 42. _____ 43. _____ 44. _____ 45. _____ 46. _____ 47. _____ 48. _____ 49. _____ 50. _____ 51. _____ 52. _____ 53. _____ 54. _____ 55. _____ 56. _____ 57. _____ 58. _____ 59. _____ 60. _____ 61. _____ 62. _____ 63. _____ 64. _____ 65. _____ 66. _____ 67. _____ 68. _____ 69. _____ 70. _____ 71. _____ 72. _____ 73. _____ 74. _____ 75. _____ 76. _____ 77. _____ 78. _____ 79. _____ 80. _____ 81. _____ 82. _____ 83. _____ 84. _____ 85. _____ 86. _____ 87. _____ 88. _____ 89. _____ 90. _____ 91. _____ 92. _____ 93. _____ 94. _____ 95. _____ 96. _____ 97. _____ 98. _____ 99. _____ 100. _____	DECEASED'S NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)	1. <u>AGERTHIA MILLER</u> 2. <u>FEMALE</u> 3. <u>OCTOBER 5, 2001</u>			
	COUNTY OF DEATH	AGE - LAST BIRTHDAY (MTH DAY YR) SEX	LAND (M) YEAR (DAY) (MTH) DAY (YR)	4. <u>COOK</u> 5a. <u>50</u> 5b. <u>30</u> 5c. <u>60</u> 6. <u>JUNE 20, 1951</u>	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER)	7. <u>Proviso Twp.</u> 8. <u>Loyola Hospital</u> 9. <u>Fmer. Room</u>		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	10. <u>Chicago, IL</u> 11a. <u>Married</u> 11b. <u>David L. Miller</u> 12. <u>No</u>		
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	13. <u>343-46-0493</u> 14a. <u>Homemaker</u> 14b. <u>Home</u> 15. <u>No</u>	
	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INCL. CITY (NEARS)	16. <u>1211 S. 3rd Avenue</u> 17. <u>Maywood</u> 18. <u>Yoa</u> 19. <u>Cook</u>	
	STATE (BY CODE)	RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY)	OF HISPANIC ORIGIN (SPECIFY RACE OR ETHNICITY)	20. <u>Illinois</u> 21. <u>Black</u> 22. <u>NO</u> 23. <u>YES</u> SPECIFY: 24. <u>EMMA SIMONS</u>	
	FATHER'S NAME FIRST MIDDLE LAST	MOTHER'S NAME FIRST MIDDLE LAST	25. <u>Rerdie Smith Sr.</u> 26. <u>Emma Simons</u>		
	INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	27. <u>David L. Miller</u> 28. <u>Husband</u>		
	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D. OR TOWN, STATE, ZIP)	17c. <u>1211 S. 3rd Avenue - Maywood, IL 60153</u>			
18. PARTY.	Enter the disease or condition that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest.				
Immediate Cause (Final Cause of Death) (Reading in order)	18. <u>Acute Myocardial Infarction</u>				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(a) <u>Coronary Arteriosclerosis</u>				
19. OTHER CAUSES (Specify according to ICD-10)					
20a. DAYS OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	20c. ALTOPIRY (NEARS)	20d. USE OTHER PROCEDURE AND USE IN REFERENCE TO DATE OF BIRTH (YEAR)		
20a. <u>19-30-01</u>	20b. <u>19-30-01</u>	20c. <u>NO</u>	20d. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
21. (ORDINANCE) AT END OF THE RELEASE AND LAST BIRTHDAY (MTH DAY YR)	21a. HOUR OF DEATH	21b. DATE SIGNED (MONTH DAY YEAR)			
21. <u>19-30-01</u>	21a. <u>3:41 PM</u>	21b. <u>10-08-01</u>			
22. SIGNATURE NAME AND ADDRESS OF	23. ILLINOIS LICENSE NUMBER				
22. <u>Kenneth D. Vanez, MD</u>	<u>336-049050</u>				
23. NAME OF ATTENDING	24. ILLINOIS LICENSE NUMBER				
23. <u>Claudia J. Vanez, MD</u>	<u>336-049050</u>				
24. BURIAL	24a. FUNERAL HOME	24b. CITY OR TOWN	24c. STATE	24d. DATE (MONTH DAY YEAR)	
24. <u>BURIAL</u>	24a. <u>Wallace Funeral Home 2020 W. Roosevelt Rd. Broadview, IL 60155</u>	24b. <u>HILLSIDE, IL</u>	24c. <u>IL</u>	24d. <u>10-13-2001</u>	
25. FUNERAL DIRECTOR'S SIGNATURE	26. LOCAL REGISTRAR'S SIGNATURE				
25. <u>Vernon Wallace</u>	26. <u>Michael A. McDermott</u>				
26. LOCAL REGISTRAR'S SIGNATURE	27. ROADVIEW ILLINOIS 60155				
26. <u>Michael A. McDermott</u>	27. <u>ROADVIEW ILLINOIS 60155</u>				

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the deceased named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE OCT 9 2001 AT BROADVIEW, ILLINOIS SIGNED Michael A. McDermott

Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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ALTA COMMITMENT
Schedule A - Legal Description
File Number: TM28595
Assoc. File No.: 163161

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 7 and the south 1/2 of lot 6 in block 149 in Maywood sections 2, 11 and 14 township 39 north, range 12, east of then third principal meridian, in Cook County, Illinois

Property of Cook County Clerk's Office

0011017113

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**STEWART TITLE GUARANTY
COMPANY**