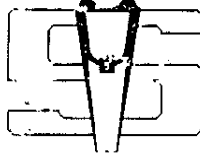


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00196074
2/3/2000 07:00 Page 1 of 3
2000-03-20 15:47:00
Cook County Recorder 47.50



Sanctity of Contract

Stewart Title Company of Illinois



00196074

100089

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook)

STCI File Number: 100089

SS.

being duly sworn states that Joyce L. Webster
she reside at 12443 S. Bishop in the City of
Cal City

That she was acquainted with Joe F. Webster deceased who, at the time of death, was one of the
sworn of the land in Cal City County, Illinois, describes as:

see attached

That the deceased died 8-8-97 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.

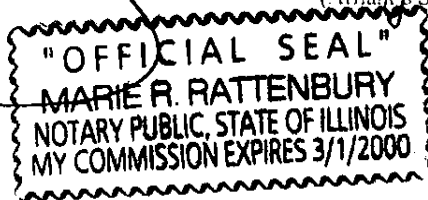
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 22nd day of Feb., A.D. 2000

Marie R. Rattenbury
Notary Public

Joyce L. Webster
(Affiant's Signature)



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SCHEDULE A
ALTA Commitment
File No.: 100089

LEGAL DESCRIPTION

Lot 28 and the South 14 feet of Lot 29 in Block 4 in Friedlanders Subdivision of the East Half of the Northwest Quarter of the Southwest Quarter of Section 29, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Plot # 25-29-309-069

aka: 12143 S. Bishop
Calumet City, IL 60827



00196074

STEWART TITLE COMPANY

UNOFFICIAL COPY

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER

REGISTRATION DISTRICT NO 16:33
 REGISTERED NUMBER 560

1. DECEASED-NAME JOE WEBSTER		FIRST		MIDDLE		LAST		SEX	DATE OF BIRTH (MONTH DAY YEAR)	
2. COUNTY OF DEATH COOK		AGE LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		2. MALE		
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER EVERGREEN PARK		52. 68		MOSE		HOURS		DATE OF BIRTH (MONTH DAY YEAR) April 26, 1929		
4. EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT BELL-TEL, GIVE STREET AND NUMBER		68. LITTLE COMPANY OF MARY HOSPITAL		CITY		DATE OF DEATH (MONTH DAY YEAR) 3 AUGUST 8, 1997		
5. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) St. Louis, Mo.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MARRIED NAME & WIFE)		None		HOSP. OR INST. INDICATE D.O.A. (PREPARE FOR BURIAL) INPATIENT		
6. SOCIAL SECURITY NUMBER 494-28-3960		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (HIGHEST GRADE COMPLETED)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
7. RESIDENCE (STREET AND NUMBER) 12443 S BISHOP		11a. Maintenance		11b. Janitorial		12. 08		NO		
8. STATE ILLINOIS		ZIP CODE 60643		CITY, TOWN, TWP, OR ROAD DISTRICT NO 12b. CALUMET PARK		INSIDE CITY (YES/NO)		COUNTY COOK		
9. FATHER-NAME FIRST MIDDLE LAST		RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)) BLACK		OFF-HISPANIC ORIGIN (SPECIFY) (YES/NO) (YES/SPECIFY CUBAN, MEXICAN, ETC.)		13c. YES		13d. YES		
10. 15. FATHER-NAME FIRST MIDDLE LAST		14b. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		MOTHER-NAME FIRST MIDDLE LAST		14d. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		16. VIOLIAN Newell		
11. (IF GRANDFATHER'S NAME (TYPE OR PRINT))		16. RELATIONSHIP (MARRIAGE, BIRTH, ADOPTION, etc.)		17. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		17a. MEDICAL CENTER		17b. 2800 WEST 95TH STREET EVERGREEN PARK ILLINOIS 60805		
12. 17. THERESE TONS/CLERK		18. PART I: Immediate Cause (Final disease or condition resulting in death)		18. PART II: Other significant conditions contributing to death but not the direct cause (e.g., atherosclerosis, diabetes)		19a. UROSEPSIS		19b. KETOACIDOSIS		
13. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST.		(a) UROSEPSIS		(b) DIABETES		(c) in hands		(d) in hands		
14. DATE OF OPERATION, IF ANY		MAJOR (IND. NO.) OF OPERATION		20a. Atherosclerosis		20b. ALLERGY (YES/NO)		20c. NO		
15. (INDICATE NON-ATTEND THE DECEASED AND LIST ANY HEALTH CARE PROVIDER)		21a. August 1997		21b. NO		21c. 1:50 P M		21d. 8-8-97		
16. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		22a. SIGNATURE OF DECEASED (TYPE OR PRINT)		22b. ILLINOIS LICENSE NUMBER		22c. 036-070359		22d. 034-214948		
17. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)		22d. Krishna Sunkara		22e. Krishna Sunkara		22f. 034-214948		
18. 23. BIRTHAL CREMATION, REMOVAL (SPECIFY) BIRTHAL		23a. 24b Lincoln Cem.		23b. Chicago, IL.		23c. 24c Chicago, IL.		23d. 24d Aug. 14, 1997		
19. FUNERAL HOME		24a. Callings's Chapel Inc. 10133 So. Halsted Chgo, IL., 60628		24b. Chicago, IL.		24c. Chicago, IL.		24d. Aug. 14, 1997		
20. FUNERAL DIRECTOR'S SIGNATURE		24e. Funeral Director's License Number		24f. 034-214948		24g. 034-214948		24h. 034-214948		
21. LOCAL HEALTH DEPARTMENT'S SIGNATURE		24i. Funeral Director's License Number		24j. 034-214948		24k. 034-214948		24l. 034-214948		

DATE August 12, 1997
 REGISTRAR *Annette Thomas*
 DEPUTY REGISTRAR

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM 11 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.

00196074