

DECEASED JOINT TENANT AFFIDAVIT



STATE OF ILLINOIS } ss.
COUNTY OF COOK }

Eva M. Shaw being duly sworn states that:

she resides at 9919 South Normal Avenue in the City of Chicago

That she was acquainted with Clarence Z. Shaw deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

See Exhibit 'A' attached hereto and made a part hereof

Property Index No. 25-09-306-022-0000

That the deceased died November 12, 2000, as evidenced by a certified copy of death certificate for 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 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 \$200,000.00 dollars.

Affiant makes this affidavit for Estate Planning purposes to clear up the Title, describing the above mentioned property.

Subscribed and sworn to before me by the said

EVA M. SHAW
 this 15th day of Jan
 ROBERT F. BLYTH
 Notary Public, State of Illinois
 My Commission Expires 12/18/02

Robert F. Blyth
Notary Public

Eva M. Shaw
(affiant's signature)

Mailed to: ROBERT F. BLYTH
53 W. JACKSON #426
CHICAGO IL 60604

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EXHIBIT 'A'

Legal Description

20066376

LOT 5 IN RESUBDIVISION OF LOTS 12, 13 AND THE WEST 15 FEET OF LOT 14, TOGETHER WITH VACATED ALLEY SOUTH AND ADJOINING SAID LOTS 12, 13, AND THE WEST 15 FEET OF LOT 14, AND THE NORTH 51 FEET OF THE WEST 15 OF LOT 9, IN BLOCK 1, IN HARTRICH'S RESUBDIVISION OF BLOCKS 1 AND 2 IN FERNWOOD PARK SUBDIVISION OF THE EAST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 9, TOWNSHIP 37 NORTH RANGE, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY

Commonly known as: 9919 S. Normal Ave., Chicago, IL 60628-1228

PIN: 25-09-306-022-0000

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STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16:33	REGISTERED NUMBER 712	DECEASED NAME CLARENCE	SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 NOVEMBER 12, 2000
COURT OF DEATH 4 COOK		DATE OF BIRTH (MONTH DAY YEAR) 54 September 26, 1924		
CITY, TOWN, TWP, OR ROAD DISTRICT 6a. EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT PREFIXED BY CITY STREET AND NUMBER) 6b. LITTLE COMPANY OF MARY HOSPITAL		
BIRTHPLACE (CITY, STATE OR FOREIGN COUNTRY) 7 Louisville, KY		NAME OF SURVIVING SPOUSE (GIVEN NAME) 8b Eva Jackson		
SOCIAL SECURITY NUMBER 10 349-16-7168		EDUCATION (SCHOOL) 8c U.S.P.O.		
RESIDENCE (STREET AND NUMBER) 13a. 9919 SOUTH NORMAL, AVENUE		CITY, TOWN, TWP, OR ROAD DISTRICT 13b CHICAGO		
STATE ILLINOIS		RACE (WRITE IN BLACK INK) 14a Black		
ZIP CODE 13f 60628		CITY, TOWN, TWP, OR ROAD DISTRICT 13c YES		
FATHER NAME FIRST MIDDLE LAST 15 Brutha Shaw		MOTHER NAME FIRST MIDDLE LAST 16 Evia Stewart		
INFORMANT'S NAME (TYPE OR PRINT) 17a HELEN CERECEDA/CLERK				
18 PART I. Enter the disease or condition resulting in death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) (a) Acute Respiratory Failure (b) Complications of illness (c) Complications of illness CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death or to the result of the underlying disease or condition. Diabetes Mellitus				
DATE OF OPERATION, IF ANY 20a		AUTOPSY (YES NO) 19a No		
19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HOUR OF DEATH 21c. 8:05 P.M.		
19c. DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 11/12/00		DATE SIGNED (MONTH DAY YEAR) 22b. 11/13/00		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED 22a. SIGNATURE (TYPE OR PRINT) Jany 22 Jany, MD		ILLINOIS LICENSE NUMBER 22d. 36-44252		
NAME AND ADDRESS OF CERTIFIER 22c. Jany, MD, SC 3900 W. 95th St., Evergreen Park, IL		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. Dr. Jany		DATE (MONTH DAY YEAR) 24d. 11-16-00		
BURIAL CREMATION, REMOVAL (SPECIFY) 24b. Burial		CITY OR TOWN Chicago, IL 60616		
CEMETERY OR CREMATORY NAME 24c. St. Mary Cem.		STATE IL		
FUNERAL HOME 25a. GRIFFIN FUNERAL HOME, LTD. 3232 S. King Dr.		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 25c. 034-011249		
FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]		DATE OF LOCAL REGISTRATION (MONTH DAY YEAR) 26a. November 14, 2000		
LOCAL REGISTRAR'S SIGNATURE 26b. [Signature]				

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 JANUARY 17, 2001

AT EVERGREEN PARK, ILLINOIS



REGISTRAR Annette Thauer

DEPUTY REGISTRAR _____

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