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2002-01-22 12:50:09

Cook County Recorder 47.50



0020087895

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

{ss.

Kathleen M. Russell

being duly sworn

states that she resides at 302 Uvedale Road in the City of Riverside, IL 60546.

That she was acquainted with Ralph William Russell Jr. deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:*

That the deceased died April 12, 1985, 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 Cook County, Illinois about 4/25/1985.

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 deceased, does not exceed the sum of small dollars.

Subscribed and sworn to before me by the said

Kathleen M. R.

THIS INSTRUMENT WAS PREPARED BY _____

this 5th day of December A.D. ~~19~~ 2001

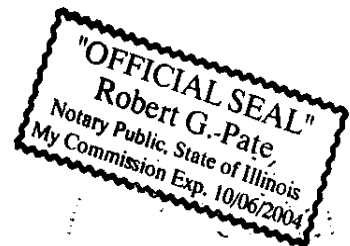
Robert G. Pate

NOTARY PUBLIC

Kathleen M. Russell

(affiant's signature)

*(NOTE ATTACH LEGAL DESCRIPTION & PIN# OF PROPERTY)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

SB
Smy
JHC

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Property of Cook County Clerk's Office



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EXHIBIT A

That part of LOT TWO (2) in Walter S. Baltis Resubdivision hereinafter described falling in lot twelve hundred seventy-two (1272) in block thirty-two (32) in third division of Riverside in Walter S. Baltis Resubdivision of Sundry Lots and parts of lots in blocks 29, 32 and 33 in third division of Riverside in sections 25 and 36, township 39 north, range 12 east of the third principal meridian, according to plat of said resubdivision registered in the Office of the Registrar of Titles of Cook County, Illinois, on January 27, 1958 as Document Number 1647547..

Permanent Parcel Number: 15-25-310-058
RALPH WILLIAM RUSSELL JR AND KATHLEEN M RUSSELL
302 Uvedale Road, Riberside IL 60546
First American Order No: 2779511

Office of Cook County Clerk's Office

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TYPE OR PRINT PERMANENT BLACK INK SEE HANDBOOK FOR INSTRUCTIONS

2608

DECEDENT

PARENTS

DISPOSITION

CERTIFIER

CAUSE OF DEATH

LOCAL FILE NO.		DECEDENT—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (Mo., Day, Yr.)	
		1. Ralph		William	Russell, Jr.		2. Male	3. April 12, 1985	
RACE—e.g., White, Black, Am. Indian, etc. (Specify)		AGE—Last Birthday (Yrs.)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH
4. White		5a. 63	MOS. 5b.	DAYS	HOURS 5c.	MINS.	6. January 30, 1922		7a. Duval
CITY, TOWN OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—Name (If not in either, give street and number)				IF HOSP. OR INST. (Indicate DOA, OP, Emer. Rm., Inpatient (Specify))		
7b. Jacksonville			7c. Baptist Medical Center				7d. Inpatient		
STATE OF BIRTH (If not in name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)			
8. Illinois		9. U.S.A.		10. Married		11. Kathleen McNamee			
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			KIND OF BUSINESS OR INDUSTRY			
12. 351-14-4952			13a. Blacksmith/Self-Employed			13b. Blacksmith			
RESIDENCE—STATE		COUNTY	CITY, TOWN OR LOCATION		STREET AND NUMBER		INSIDE CITY LIMITS (Specify Yes or No)		
14a. Illinois		14b. Cook	14c. Riverside		14d. 302 Uvdale Road		14e. Yes		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME		FIRST	MIDDLE	LAST
15. Ralph		William	Russell, Sr.		16. Emily				Tyk
INFORMANT—NAME (Type or Print)			MAILING ADDRESS		STREET OR R.F.D. NO.	CITY OR TOWN	STATE	ZIP	
17a. Mrs. Kathleen Russell			17b. 302 Uvdale Road, Riverside, Illinois		60546				
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME			LOCATION	CITY OR TOWN	STATE		
18a. Removal		18b. Mt. Carmel Cemetery			18c. Hillside, Illinois				
FUNERAL DIRECTOR—(Signature)			FUNERAL HOME			ADDRESS			
19a. <i>[Signature]</i>			19b. Hardage & Sons, 517 Park Street, Jacksonville, FL						
20a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.					21a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.				
(Signature and Title) ▶ <i>[Signature]</i> M.D.					(Signature and Title) ▶ <i>[Signature]</i>				
DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		
20b. Apr 15 85		20c. 5:01 P. M			21b. _____		21c. _____ M		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)					PRONOUNCED DEAD (Mo., Day, Yr.)				
20d. _____					21d. ON _____				
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or print)					21e. AT _____ M				
22. J. Kenneth Koster, Jr., M.D., 836 Prudential Dr., #505 Jacksonville, FL 32207									
REGISTRAR						DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)			
23a. <i>[Signature]</i> Sharon A. Nison, Chief Deputy						23b. April 17, 1985			
24. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))								Interval between onset and death	
(a) <i>[Signature]</i> cardiac failure									
DUE TO, OR AS A CONSEQUENCE OF: (Condition(s) which gave rise to cause (a) — List underlying cause last)								Interval between onset and death	
(b) Myocardial infarction									
DUE TO, OR AS A CONSEQUENCE OF:								Interval between onset and death	
(c) _____									
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)					PART III IF FEMALE WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes <input type="checkbox"/> No <input type="checkbox"/>		AUTOPSY (yes or no) 25. NO		CASE REFERRED TO MEDICAL EXAMINER (Specify yes or no) 26. NO
(Probably) ACCIDENT, SUICIDE or HOMICIDE, or UNDETERMINED (Specify)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
27a. _____		27b. _____		27c. _____ M		27d. _____			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)			LOCATION		STREET OR R.F.D. NO.		CITY OR TOWN STATE
27e. _____		27f. _____			27g. _____		_____		_____

I hereby certify this to be a true and correct copy of the record on file in this office. (Not valid unless the raised seal of the Duval County Health Department, Vital Statistics, Jacksonville, Florida, is affixed.)

[Signature]
Director, Duval County Health Department

April 16, 1985

[Signature]
Chief Deputy Registrar

Form 512, July 84 (Obsoletes previous editions) 12-31-84