



Sanctity of Contract

Stewart Title Company of Illinois



0020503829

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 208077

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

Robert Wesley resides at 1971 Cambridge in the City of Chicago Ills
being duly sworn states that

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

STEWART TITLE OF ILLINOIS
2 NORTH LaSALLE STREET, SUITE 1820
CHICAGO, IL 60602

JP
CB

That the deceased died 10-16-2001 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 25 day of March, A.D. 2002

[Signature]
Notary Public

[Signature]
(Affiant's Signature)

Mail to: Robert Wesley
1971 Cambridge
Chicago Ills IL 60711

Prepared By:
Same as Mail to

REGISTRATION DISTRICT NO. 16.3a
REGISTERED NUMBER 834

STATE OF ILLINOIS
UNOFFICIAL COPY
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEASED-NAME FIRST MIDDLE LAST 1. Marie Wesley			SEX 2. Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 16, 2001
COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 65	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. June 14, 1936
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Chicago Heights	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 1927 Cambridge		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT, (SPECIFY) 6c. Hospice	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Itta Bena, MS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Widowed	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. None		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
SOCIAL SECURITY NUMBER 10. 355-30-9248	USUAL OCCUPATION 11a. CNA	KIND OF BUSINESS OR INDUSTRY 11b. Nursing	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. Elementary/Secondary (0-12) College (1-4 or 5+) 12. FT	
RESIDENCE (STREET AND NUMBER) 13a. 1927 Cambridge		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago Heights	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
STATE 13e. IL	ZIP CODE 13f. 60411	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST 15. Tom Carroll		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Estell Peoples		
INFORMANT'S NAME (TYPE OR PRINT) 17a. Brenda Washington		RELATIONSHIP 17b. Daughter	MAILING ADDRESS (STREET AND NO. C.R.R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1927 Cambridge, Chicago Hgts, IL 60411	
PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years
Immediate Cause (Final disease or condition resulting in death) (a) Pancreatic Cancer DUE TO, OR AS A CONSEQUENCE OF				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____ DUE TO, OR AS A CONSEQUENCE OF				
(c) _____ DUE TO, OR AS A CONSEQUENCE OF				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			AUTOPSY (YES/NO) 19a. No	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 10/01/01		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 7 a.m.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH, DAY, YEAR) 22b. 10/18/01	
SIGNATURE 22a. <i>[Signature]</i>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Cameron Muir MB, 251 E. Huron, Chicago, IL 60611		ILLINOIS LICENSE NUMBER 22d. 036-94567
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY-NAME 24b. Mt. Glenwood	LOCATION CITY OR TOWN STATE 24c. Glenwood, IL	DATE (MONTH, DAY, YEAR) 24d. 10/23/01	
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Alonzo Davis F/H 305 E 16th St. Chicago Heights, IL 60411		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25b. <i>[Signature]</i> 25c. 034-015057		
LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. October 19, 2001		

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 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, STILL BIRTHS & DEATHS.

DATE: OCT 19 2001 SIGNED: *[Signature]*

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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UNOFFICIAL COPY

Property of Cook County Clerk's Office