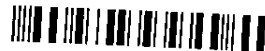


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2002-07-26 12:51:28
Cook County Recorder 43.50

DECEASED JOINT TENANCY AFFIDAVIT



0020822417

STATE OF ILLINOIS }
COUNTY OF COOK } S.S.

I, LEVY E. PIERCE, JR. BEING FIRST DULY SWORN, UPON OATH
DEPOSES AND SAYS:

THAT HE/SHE RESIDES AT 18860 MAPLE AVENUE IN THE CITY OF COUNTRY CLUB HILLS
AND THAT HE/SHE IS ONE OF THE PARTIES WHO TOOK TITLE, NOT IN TENANCY IN
COMMON, BUT IN JOINT TENANCY, TO REAL ESTATE SHOWN IN DOCUMENT
NUMBER 89532399 SITUATED IN SAID COUNTY, DESCRIBED AS FOLLOWS:

LOT 1 IN TIERRA GRANDE, UNIT NUMBER 3, BEING A SUBDIVISION OF PART OF THE
SOUTHEAST 1/4 OF SECTION 3, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAX #31-03-411-001

AFFIANT STATES THAT FRANCES Z. PIERCE, ONE OF THE SAID OWNERS IN JOINT
TENANCY, DIED INTESTATE, IN THE CITY (VILLAGE) OF HAZEL CREST IN
THE STATE OF ILLINOIS AS IS CONFIRMED BY A CERTIFICATE OF THE
HEALTH DEPARTMENT OF SAID MUNICIPALITY HERETO ATTACHED.

AFFIANT STATES THAT THE REMAINING JOINT TENANT HAS NOT CHANGED HIS/HER
MARITAL STATUS SINCE ISSUANCE OF DEED DOCUMENT NO. 89532399
(EXCEPT _____ WHO HAS BEEN MARRIED BUT ONE SINCE ACQUIRING SAID
REAL ESTATE AND THEN TO _____).

THAT THE TOTAL VALUE OF THE ESTATE OF SAID DECEDENT INCLUDING HIS/HER
TAXABLE INTEREST IN THE ABOVE REAL ESTATE IS \$ _____

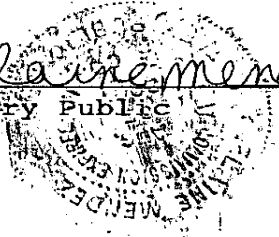
THAT THE ILLINOIS INHERITANCE TAX AND THE FEDERAL ESTATE TAX, IF ANY, WAS
DUE FROM THE DECEDENT'S ESTATE, HAS BEE PAID IN FULL.

THE AFFIANT GUARANTEES THE TRUTH OF THE STATEMENTS HEREIN CONTAINED.

Levy E. Pierce Jr.
LEVY E. PIERCE, JR.

SUBSCRIBED AND SWORN BEFORE ME
THIS 12 DAY OF April, 2002

elaine mendez
Notary Public



82
M
J
43.50

0020822417

STATE FEE NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.0**

REGISTERED NUMBER

DECEASED-NAME **Frances Billings** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **February 20, 2002**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **South Suburban Hospital** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER GIVE STREET AND NUMBER) **50. October 25, 1925**

AGE LAST BIRTHDAY (YRS, MOS, DAYS) **76** UNDER 1 DAY **2** DATE OF BIRTH (MONTH, DAY, YEAR) **February 20, 2002**

4. **Cook** COUNTY OF DEATH **Cook**

5a. **Hazel Crest** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **South Suburban Hospital** NAME OF SURVIVING SPOUSE (NAME, NAME, & WIFE) **INC. Inpatient**

7. **Springfield, MA** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **INC. Inpatient**

8a. **Married** SOCIAL SECURITY NUMBER **356-50-1730**

10. **356-50-1730** RESIDENCE (STREET AND NUMBER) **11a. Teacher** KIND OF BUSINESS OR INDUSTRY **Levy Pierce**

13a. **18860 Maple Avenue** RESIDENCE (STREET AND NUMBER) **12. 12th** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Country Club Hills** INSIDE CITY (YES/NO) **Yes** COUNTY **Cook**

13b. **18860 Maple Avenue** ZIP CODE **130. American** RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISpanic) **13c. Yes** COUNTY **Cook**

15. **Illinois** STATE **14. Black American** RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISpanic) **13d. Cook** COUNTY **Cook**

FATHER-NAME **MAIROT** FIRST **Jenkins** MIDDLE **Janie** LAST **Riley**

16. **Levy Pierce** INFORMANT'S NAME (TWP. OR PRVNT) **REL. TO DECEASED** **70 Husband** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17c. 18860 Maple Ave. - Country Club Hills, IL**

16. PART I. Immediate Cause (Final disease or condition resulting in death) **(b) CONGESTIVE HEART FAILURE**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **(c) DUE TO, OR AS A CONSEQUENCE OF**

PART II. (a) (b) (c) **END STAGE RENAL DISEASE, DIABETES, HYPERTENSION**

DATE OF OPERATION, IF ANY **2-19-02** MAJOR FRAGMENTS OF OPERATION **WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO**

20b. (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)

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE **R. Yalavarthi MD** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **21c. 7:10** DATE SIGNED (MONTH, DAY, YEAR) **22b. February 22, 2002**

22b. **Raja Yalavarthi 333 Dixie Highway Chicago Heights, IL** ALIEN LICENSE NUMBER **22d. 036-058502**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24. (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)

24a. **Burial** CEMETERY OR CREMATORY-NAME **24c. Homewood** CITY OR TOWN **Illinois** STATE **24d. 02-25-2002** DATE (MONTH, DAY, YEAR)

25a. **W. W. Holt Funeral Home** 175 W. 159th St. **Harvey** **Illinois** **60426** FUNERAL DIRECTOR'S SIGNATURE

25b. **Walter J. Teronca** REGISTRAR **10992** DATE OF EXPIRATION OF REGISTRATION (MONTH, DAY, YEAR) **FEB 23 2002**

26a. REGISTRAR'S SIGNATURE

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item I and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date **FEB 25 2002** Signed **Nadine Mc Curry**
 At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301