

# UNOFFICIAL COPY

STATE OF ILLINOIS

SS.

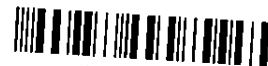
COUNTY OF COOK

0030041097

4395/0104 54 001 Page 1 of 3

2003-01-09 09:56:43

Cook County Recorder 28.50



0030041097

## JOINT TENANCY AFFIDAVIT

Kenneth Everett, hereby referred to as the affiant, states under oath that the affiant resides at 5154 W. Addison, Ut. 101, in the City of Chicago, Illinois, that the affiant was acquainted with Billy Everett, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois, and legally described as follows:

### PARCEL 1:

UNIT NO. 101 IN THE ADDISON WEST CONDOMINIUM AS DELINEATED ON THE PLAT OF SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE:

LOT 95 (EXCEPT THE EAST 60 FEET THEREOF) IN KOESTER AND ZANDER'S WEST IRVING PARK SUBDIVISION IN THE NORTH 1/2 OF SECTION 21, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 27485136 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

### PARCEL 2:

THE EXCLUSIVE RIGHT TO THE USE OF PARKING SPACE 6 AND STORAGE SPACE 1 LIMITED COMMON ELEMENTS, AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID RECORDED AS DOCUMENT NO. 27485136.

also known as: 5154 W. Addison, Ut. 101, Chicago, Illinois, 60641  
PIN: 13-21-228-038-1001

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in the property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on September 9, 2002, leaving no/a last will and testament;

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce Attorney's Title Guaranty Fund, Inc. to issue its policy of title insurance on the above

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described property:

30041097

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Attorney's Title Guaranty Fund, Inc. harmless and to reimburse The Fund for all the loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Billy Everett, the decedent;
2. Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

K. Kenneth Everett (Seal)

\_\_\_\_\_ (Seal)

Subscribed and sworn to before me this 3 day of DECEMBER, 2002

Joseph La Zara  
Notary Public



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

Prepared by:  
Joseph La Zara  
7246 W. Touhy  
Chicago, Illinois, 60631

Mail to:  
Joseph La Zara  
7246 W. Touhy  
Chicago, Illinois, 60631

# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

SEP 11 2007

30041007

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.

  
 John L. Wilhelm, MD.  
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER

663770

REGISTRATION DISTRICT NO. <b>663770</b>		DECEASED-NAME <b>Billy Everett</b>		SEX <b>Male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>September 9, 2002</b>
REGISTERED NUMBER	FIRST MIDDLE LAST <b>Billy Everett</b>		AGE-LAST BIRTHDAY (YRS) MONTHS DAYS <b>7/2</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>January 13, 1930</b>
COUNTY OF DEATH <b>Cook</b>	UNDER 1 DAY HOURS MIN <b>5c</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Rush-Pres St. Luke's Hospital</b>		IF HOSP. OR INST. INDICATE DOA, OP-EMER, RM, INFIRMARY (SPECIFY)	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Widowed</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>None</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>YES</b>
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Huntsville, AL.</b>	8b. USUAL OCCUPATION <b>11a. Film Editor</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>College (11-12)</b>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>YES</b>
7. SOCIAL SECURITY NUMBER <b>422-20-8090</b>	11b. Motion Pictures		INSIDE CITY (YES/NO) <b>Yes</b>		10. COUNTY <b>Cook</b>
8. RESIDENCE (STREET AND NUMBER) <b>4900 N. Nagle</b>	13b. Chicago		13c. Yes		11. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>Chicago</b>
9. STATE <b>Illinois</b>	13a. ZIP CODE <b>60630</b>		14a. White		12. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <b>NO</b>
10. FATHER-NAME FIRST MIDDLE LAST <b>Edwin Everett</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: <b>Not Available</b>		14c. MOTHER-NAME FIRST MIDDLE LAST <b>Not Available</b>		13d. COUNTY <b>Cook</b>
11. INFORMANT'S NAME (TYPE OR PRINT) <b>Ken Everett</b>	17b. Son		16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>4900 N. Nagle, Chicago, IL 60630</b>		14d. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Days</b>
12. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Cardiovascular shock</b>	17c. Relationship <b>Son</b>		17d. Mailing address (street and no. or r.f.d., city or town, state, zip) <b>4900 N. Nagle, Chicago, IL 60630</b>		14e. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
13. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>Ischemic cardiomyopathy</b>	17d. Relationship <b>Son</b>		17e. Mailing address (street and no. or r.f.d., city or town, state, zip) <b>4900 N. Nagle, Chicago, IL 60630</b>		14f. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
14. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.	17e. Relationship <b>Son</b>		17f. Mailing address (street and no. or r.f.d., city or town, state, zip) <b>4900 N. Nagle, Chicago, IL 60630</b>		14g. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.					
DATE OF OPERATION, IF ANY <b>20b</b>		MAJOR FINDINGS OF OPERATION <b>20c</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20d. YES <input type="checkbox"/> NO <input type="checkbox"/></b>	
20a. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>9/9/02</b>		20b. HOUR OF DEATH <b>11:15 A.</b>		20c. DATE SIGNED (MONTH, DAY, YEAR) <b>9/9/02</b>	
20c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>9/9/02</b>		20d. ILLINOIS LICENSE NUMBER <b>36079356</b>		20e. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
21. SIGNATURE <b>Alain Heroux</b>		21a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Dr. Alain Heroux 1653 W. Congress Pkwy Chgo IL 60612</b>		21b. ILLINOIS LICENSE NUMBER <b>36079356</b>	
22. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>Alain Heroux</b>		22a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago, IL.</b>		22b. DATE OF BIRTH (MONTH, DAY, YEAR) <b>September 12, 2002</b>	
23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>Chicago, IL.</b>		23a. CITY OR TOWN <b>Chicago, IL.</b>		23b. STATE <b>IL.</b>	
24. CEMETERY OR CREMATORY-NAME <b>Montrrose Crematory</b>		24a. LOCATION <b>Montrrose Crematory</b>		24b. CITY OR TOWN <b>Chicago, IL.</b>	
24a. STREET AND NUMBER OR R.F.D. <b>Skaja Terrace</b>		24c. CITY OR TOWN <b>Chicago, IL.</b>		24d. STATE <b>IL.</b>	
24b. FUNERAL HOME <b>Funeral Home, 7812 N. Milwaukee Ave.</b>		24d. CITY OR TOWN <b>Chicago, IL.</b>		24e. STATE <b>IL.</b>	
24c. FUNERAL DIRECTOR'S SIGNATURE <b>John A. Wilhelm</b>		24d. CITY OR TOWN <b>Chicago, IL.</b>		24e. STATE <b>IL.</b>	
24d. FUNERAL DIRECTOR'S SIGNATURE <b>John A. Wilhelm</b>		24e. CITY OR TOWN <b>Chicago, IL.</b>		24f. STATE <b>IL.</b>	
24e. LOCAL REGISTRAR'S SIGNATURE <b>John A. Wilhelm</b>		24f. CITY OR TOWN <b>Chicago, IL.</b>		24g. STATE <b>IL.</b>	
24f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>SEP 11 2007</b>		24g. CITY OR TOWN <b>Chicago, IL.</b>		24h. STATE <b>IL.</b>	
24g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>SEP 11 2007</b>		24h. CITY OR TOWN <b>Chicago, IL.</b>		24i. STATE <b>IL.</b>	
24h. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>SEP 11 2007</b>		24i. CITY OR TOWN <b>Chicago, IL.</b>		24j. STATE <b>IL.</b>	