

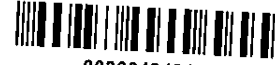
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Cook County Recorder 28.50



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Property of Cook County Clerk's Office

AFFIDAVIT RE  
DECEASED JOINT TENANT

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## AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS        )  
   ) SS  
 COUNTY OF COOK         )

BARBARA VINES being duly sworn, states as follows:

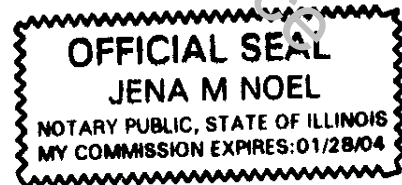
1. That she resides at 8351 S. Kenwood, Chicago, Illinois.
2. That she is the widow of Mose Vines, who died on November 3, 2002 as evidenced by the attached certified copy of his death certificate;
3. That said decedent was one of the owners of the land described in the following legal description:  
  
 LOT 48 IN J.E. MERRION'S MARINOOK, A SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTH-EAST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS, commonly known as 8351 South Kenwood, Chicago, Illinois 60619
4. That said decedent died leaving no last will and testament.
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ 200,000 00.

Further Affiant says naught.

*Barbara Vines*  
 \_\_\_\_\_  
 Barbara Vines

Subscribed and sworn to before me by the said Barbara Vines  
 this 8th day of January, 2003

*Jena M Noel*  
 \_\_\_\_\_  
 Notary Public



# UNOFFICIAL COPY

## CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

0030043184

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

110602

I, JOHN A. WELLMAN, 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 A. Wellman, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

### MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

DISTRICT NO. 16.10

REGISTERED NUMBER: 070 NOV 02

DECEASED NAME 1. MOSE (Moses)		LAST Vines		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. November 3, 2002
COUNTY OF DEATH Cook		UNDER 1 YEAR 5a. 53		DATE OF BIRTH (MONTH, DAY, YEAR) 4. July 24, 1947	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN HOME, GIVE STREET AND NUMBER Holy Cross Hospital		IF HOSPITAL AND DATED O.A. OPERATED BY NAME (SPECIFY) St. Emerita	
BIRTHPLACE, CITY AND STATE OF FOREIGN COUNTRY Chicago, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		WAS DECREASED OVER 14 DAYS AFTER DEATH? YES	
SOCIAL SECURITY NUMBER 021-38-2032		USUAL OCCUPATION Teacher		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College 12	
RESIDENCE STREET AND NUMBER 1351 S. Kealoua		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago 57		COUNTY Cook	
STATE Illinois		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) Black		INSIDE CITY YES	
FATHER-NAME MOSE		MOTHER-NAME HAZEL		SPECIFY: FIRST MIDDLE LAST (MAIDEN) LAST	
MIDDLE VINE		RELATIONSHIP Wife		MAILING ADDRESS (STREET AND NO., CITY OR TOWN, STATE, ZIP) 8351 S. Kealoua, Chicago, IL 60617	
FIRST VINE		17c. 8351 S. Kealoua, Chicago, IL 60617		17d. Enter the mode of dying, such as suicide or homicide, or other cause of death.	
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) Arteriosclerotic Cardiovascular Disease</b>					
18. PART II. Other significant conditions contributing to death but not listed in the underlying cause in Part I. <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b>					
NATURAL ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED), SPECIFY: None		DATE OF INJURY (MONTH, DAY, YEAR) November 3, 2002		HOUR 9:37 P.M.	
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) None		LOCATION (CITY, VIL OR TOWN, STATE) Chicago, Illinois		FEMALE WAS THERE A PRECEDENT THREE MONTHS? NO	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT:					
CORONER'S - MEDICAL EXAMINER'S SIGNATURE <i>John A. Wellman, MD</i>		DATE SIGNED November 4, 2002		MONTH, DAY, YEAR	
CORONER'S PHYSICIAN'S NAME (Type or Print) None		DATE SIGNED November 4, 2002		MONTH, DAY, YEAR	
BURIAL CEMETERY OR CREMATORY - NAME (SPECIFY) Oak Woods		CITY OR TOWN Chicago		STATE Illinois	
FUNERAL HOME Taylor Funeral Home		STREET AND NUMBER OR R.F.D. 63E 79th Street		CITY OR TOWN Chicago	
FUNERAL DIRECTOR'S SIGNATURE <i>John A. Wellman, MD</i>		FURNERIAL DIRECTOR'S LICENSE NUMBER 034010650		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 110602	
LOCAL REGISTRAR'S SIGNATURE <i>John A. Wellman, MD</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 110602		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 110602	