



EUGENE "GENE" MOORE
RECORDER OF DEEDS/REGISTRAR OF TITLE
COOK COUNTY, ILLINOIS



0030043602

SEARCHED
INDEXED
SERIALIZED
FILED
JAN 10 2003
CHICAGO, ILLINOIS

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

DOROTHY FREEMAN BEING DULY SWORN STATES THAT SHE

RESIDES AT 8945 So. EMERALD IN THE CITY OF CHICAGO.

THAT SHE WAS ACQUAINTED WITH MURPHY FREEMAN JR THE DECEASED, WHO AT THE TIME OF HIS DEATH, WAS ONE OF THE OWNERS OF THE LAND IN COOK COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS: PROPERTY INDEX # 25-04-117-015-0008.

Lot 28 IN BLOCK 23 IN Sisson + NEWMAN'S SOUTH ENLEWOOD SUBDIVISION IN NORTH WEST QUARTER OF SECTION 4, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

THAT THE DECEASED DIED 9-28-2002, AS EVIDENCED BY A ORIGINAL CERTIFIED COPY OF THE 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 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 _____.

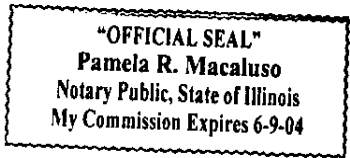
AT THE TOTAL VALUE OF THE ESTATE OF THE DECEASED, INCLUDING BOTH REAL AND PERSONAL PROPERTY OWNED BY THE DECEASED EITHER INDIVIDUALLY OR IN JOINT TENANCY AT THE TIME OF THE DECEASED, DOES NOT EXCEED THE SUM OF 80,000.00 DOLLARS.

DESCRIBED AND SWORN TO BEFORE ME BY SAID
DOROTHY FREEMAN

THIS WAS PREPARED BY

THIS 9th DAY OF January A.D. 2003
Pamela R Macaluso
NOTARY PUBLIC

Dorothy E. Freeman
AFFIANT'S SIGNATURE



UNOFFICIAL COPY

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MURPHY FREEMAN JR.
8945 S. EMERALD ST.
CHICAGO, ILL. 60620

Property of Cook County Clerk's Office

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 160
REGISTERED NUMBER

DECEASED-NAME
FIRST MIDDLE LAST
Murphy Freeman, Jr. SEX 2 Male DATE OF DEATH (MONTH, DAY, YEAR) 3 September 28, 2002

COUNTY OF DEATH
4. Cook DATE OF BIRTH (MONTH, DAY, YEAR) 5d APR 24, 1926

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
6a. Oak Lawn HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
7. TUPELO MS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a. MARRIED

SOCIAL SECURITY NUMBER
10. 925-80-6693 11a. ATTENDANT

RESIDENCE (STREET AND NUMBER)
13a. 8995 S. BROAD 13b. CHICAGO 13c. YPS COUNTY 13d. COOK

STATE 13e. IL ZIP CODE 60620 14a. BLACK 14b. NO YES SPECIFY: 14c. YPS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST
15. MURPHY FREEMAN SR TRUBY JOHANSON

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP
17a. DOROTHY FREEMAN 17c. 8945 S. BROAD CHICAGO, IL

18. PART I. Enter the disease(s), 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.
(a) SEPSIS
(b) DUE TO, OR AS A CONSEQUENCE OF
(c) DUE TO, OR AS A CONSEQUENCE OF

Immediate Cause (Final disease or condition resulting in death)
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
20a. 9-27-02

(1)(1)(1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 9-27-02 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
22a. SIGNATURE Ronald Akhtar (TYPE OR PRINT) 2850 W 95th St. Evergreen Park, IL 60805 CITY OR TOWN STATE
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) DR. GANDY DOUN CITY OR TOWN STATE
23. BUREAU OF REMOVAL (SPECIFY) BUICAR CEMETERY OR CREMATORY-NAME EVERGREEN LOCATION CITY OR TOWN STATE
24b. EVERGREEN PK, IL STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE
24c. 248 CT. 42002 FUNERAL HOME NAME

25a. NOBLE 8158 S. BEXCHANGE AVE CHICAGO, IL 60617
FUNERAL DIRECTOR'S SIGNATURE
25b. Raymond E Noble Sr FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 11388

26a. KAREN L. SCOTT, M.D. LOCAL REGISTRAR'S SIGNATURE
26b. October 4 2002 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statues relating to the registrar of birth, stillbirth and death.

Date OCT 16 2002 Signed Madeline Mc Curry
At Cook County Department of Public Health Official Title Deputy Registrar
1010 Lake Street Suite 300 Oak Park, Illinois 60301

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