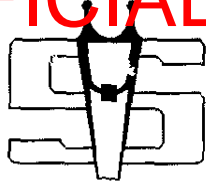


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0246/0021 07 001 Page 1 of 3
2003-04-02 10:11:50
Cook County Recorder 50.50



Sanctity of Contract



0030443208

STEWART TITLE COMPANY
2 NORTH CASALE STREET, SUITE 1000
CHICAGO, IL 60602

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 278467

STATE OF ILLINOIS)
COUNTY OF) SS.

Arthur L Sims

being duly sworn states that he resides at 7717 S. Loomis in the City of Chicago

That he was acquainted with Althea J. Sims deceased who, at the time of death, was one of the sworn of the land in see attached County, Illinois, describes as:

That the deceased died 8-20-99, 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.

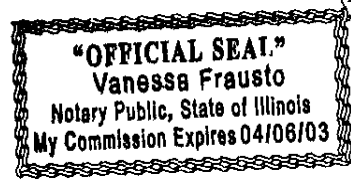
Subscribed and sworn to before me by the said

Arthur L Sims

this 7 day of Feb, A.D. 2003

Vanessa Frausto
Notary Public

Arthur L Sims
(Affiant's Signature)



①

278467

J
P

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

THE NORTH 15 FEET OF LOT 32 AND THE SOUTH 15 FEET OF LOT 3 IN SIMONTON'S SUBDIVISION OF BLOCK 28 (EXCEPT THE NORTH 253 FEET OF THE EAST 1/2 OF SAID BLOCK) IN JONES' SUBDIVISION OF PART OF THE WEST 1/2 OF SECTION 29, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

20-29-314-00p

7717 S. LOOMIS BLVD

CHENO, IL 60620-3751



Arthur Sims

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 26 1999

I, SHEILA WYSE, RSM, 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 LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME Althea JEAN SIMS		LAST		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 8-20-99
COUNTY OF DEATH Cook		UNDER 1 YEAR MON. TUE. WED. THU. FRI. SAT. SUN.		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. MAY 6, 1934	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7717 S. LOOMIS, CHICAGO, ILL		IF HOSP. OR INST. INDICATED, O.A. OF MEMBER, R.M. INPATIENT (SPECIFY) 6c.	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. ARTHUR SIMS		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO	
SOCIAL SECURITY NUMBER 332-28-9090		USUAL OCCUPATION 11a. HOMEMAKER		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (8-12) College (1-4 or 5+) 12. 14	
EVIDENCE (STREET AND NUMBER) 7717 S. Loomis		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		INSIDE CITY (YES/NO) 13c. Yes	
ZIP CODE 60620		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. Pitrac		COUNTY 13d. Cook	
OTHER-NAME FIRST MIDDLE LAST Henry Hcdges		MOTHER-NAME *FIRST MIDDLE LAST BESSIE BLACKLOCK		(MAIDEN) LAST	
5. HENRY HCDGES		RELATIONSHIP 17b. HUSBAND		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE AND ZIP) 17c. 7717 S. LOOMIS, CHICAGO, ILL 60620	
6. PART I		<p>Immediate Cause (Final disease or condition resulting in death)</p> <p>(a) Asphyxia DUE TO, OR AS A CONSEQUENCE OF</p> <p>(b) Compression of chest DUE TO, OR AS A CONSEQUENCE OF</p> <p>(c) Fallen refrigerator</p>			
ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) 20a. Accident		DATE OF INJURY (MONTH, DAY, YEAR) 20b. 8-20-99		HOUR 8:05 P.M.	
JURY AT WORK (FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20c. Home		LOCATION (CITY, VIL. OR TOWN; OR TWP., R.F.D. NO., COUNTY, STATE) Chicago, Ill.		HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II) Refrigerator fell on her	
20d. No		20e. Home		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT.....		21b. 8-20-99		THE DECEASED WAS PRONOUNCED DEAD ON 21c. 11:30 P.M.	
DECEASED'S MEDICAL EXAMINER'S SIGNATURE DR. M. D. LYONG AN, M.D.		DATE SIGNED (MONTH, DAY, YEAR) 8-21-99		DATE SIGNED (MONTH, DAY, YEAR) 8-21-99	
DECEASED'S PHYSICIAN'S NAME (TYPE OR PRINT) DR. M. D. LYONG AN, M.D.		CITY/TOWN CHICAGO, ILL		STATE ILLINOIS	
CEMETERY OR CREMATORY-NAME Calahan Funeral Home		24b. MT. HOPE		24c. CHICAGO, ILL	
FUNERAL HOME CALAHAN FUNERAL HOME 7030 S HALSTED ST		STREET AND NUMBER OR R.F.D. CHICAGO, ILL 60621		CITY OR TOWN CHICAGO, ILL	
FUNERAL DIRECTOR'S SIGNATURE Sheila Wyse		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012004		DATE FILED (MONTH, DAY, YEAR) AUG 26 1999	
LOCAL REGISTRAR'S SIGNATURE Sheila Wyse		DATE FILED (MONTH, DAY, YEAR) AUG 26 1999		LOCAL REGISTRAR'S SIGNATURE Sheila Wyse	