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Cook County Recorder

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**DESEASED JOINT  
TENANCY AFFIDAVIT**

Property of Cook County Clerk's Office

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**DECEASED JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

0030438545

LILLIE M. GREEN, being duly sworn, states that she resides at 5130 W. Jackson Blvd, Chicago Illinois. That she is the wife of the decedent **OTHA GREEN**, who died on August 28, 1998 who at the time of his death, she was one of the owners of the land in Cook County, Illinois, described as:

**SEE ATTACHED LEGAL DESCRIPTION**  
**Commonly known as: 3329 W. Van Buren, Chicago, IL 60624**

**OTHA GREEN** was one of the parties who took title, not in tenancy in common, but in joint tenancy to the subject real estate.

**OTHA GREEN** died intestate.

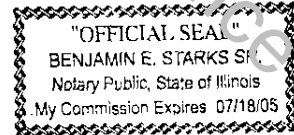
All debts and expenses have been paid, including but not limited to public and old age assistance advancements, funeral, doctor and hospital bills.

Affiant make this affidavit for that purpose of inducing any Title Company which does business in the State of Illinois to issue its title insurance policy, describing the above mentioned property, free of any objections or memorials relative to the Estate of said Decedent.

*Lillie M Green*  
LILLIE M. GREEN

SUBSCRIBED and SWORN to before me by the said LILLIE M. GREEN, this 24th day of January 2003.

*[Signature]*  
NOTARY PUBLIC



Prepared by:  
STARKE & BOYD, Attorneys at Law, 11528 South Halsted, Chicago, IL 60628 (773) 995-7900

125906/14

ATGF, INC.

# UNOFFICIAL COPY

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## LEGAL DESCRIPTION

Property address: 3329 W. Van Buren, Chicago, IL 60624

P.I.N.: 16-14-227-012

**LOT 13 IN EDISON KEITH'S SUBDIVISION OF THE SOUTHWEST ¼ OF THE SOUTHEAST ¼ OF THE NORTHEAST ¼ OF SECTION 14, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Mail the original to:  
LILLIE M. GREEN  
5130 W. Jackson Blvd.  
Chicago, IL 60644



Property of Cook County Clerk's Office

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STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER **613685**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

NOV 17 1998

I, HEILA LYNE, 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 ORDINANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN  
 MULTICOLOR SIGNATURE SEAL IS  
 AFFIXED.

REGISTRATION DISTRICT NO. <b>16.10</b>	DECEASED-NAME <b>OTHA GREEN</b>	SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 AUGUST 22, 1998</b>
REGISTERED NUMBER	AGE-LAST BIRTHDAY (YRS) <b>80</b>	UNDER 1 YEAR HOURS <b>50</b> DAYS <b>50</b> MIN <b>17</b>	DATE OF BIRTH (MONTH DAY, YEAR) <b>50 DEC. 26, 1917</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>MOUNT SINAI HOSPITAL MEDICAL CTR.</b>		IF HOSP OR INST, INDICATE D.O.A. OF EMER RM, INPATIENT (SPECIFY) <b>INPATIENT</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>LEXINGTON MISS</b>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>HEILA LYNE OWENS</b>	WAS DECEASED EVARIN ARMED FORCES? (YES) <b>9</b> (NO) <b>NO</b>
SOCIAL SECURITY NUMBER <b>510-12-4231</b>	USUAL OCCUPATION <b>LABORER</b>	KIND OF BUSINESS OR INDUSTRY <b>GENERAL</b>	EDUCATION (SPECIFY GRADE COMPLETED) <b>High School (11-12)</b>
RESIDENCE (STREET AND NUMBER) <b>3329 W. VAN BUREN</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>	INSIDE CITY (YES) <b>YES</b> (NO) <b>NO</b>	COUNTY <b>COOK</b>
STATE <b>ILLINOIS</b>	RACE (WHITE, BLACK, AMERICAN INDIAN AS (1) SPECIFY) <b>BLACK</b>	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) <b>NO</b>	MAILING ADDRESS (STREET AND NO OR P.O. BOX AND CITY OR TOWN AND STATE (ZIP)) <b>1500 SO. FAIRFIELD CHGO, ILL. 60608</b>
FATHER-NAME FIRST MIDDLE LAST <b>JAMES GREEN</b>	MOTHER-NAME FIRST MIDDLE LAST <b>SALLY OWENS</b>	RELATIONSHIP <b>CLERK</b>	18. PART I. Enter the diseases, 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) <b>Respiratory failure</b> (b) <b>Renal Failure</b> (c) <b>Cholelithiasis causes Accident.</b>
INFORMANT'S NAME (TYPE OR PRINT) <b>ELLA GROSS</b>	DATE OF OPERATION, IF ANY <b>8-22-98</b>	MAJOR FINDINGS OF OPERATION <b>None</b>	20b. (1) (1) (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON (MONTH DAY YEAR) <b>8-22-98</b>
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>Marshall</b>	22a. SIGNATURE (TYPE OR PRINT) <b>SYED AKBARULLAH</b>	22b. DATE SIGNED (MONTH DAY YEAR) <b>8/23/98</b>	22c. ILLINOIS LICENSE NUMBER <b>036-084361</b>
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>	24a. CEMETERY OR CREMATORY-NAME <b>OAKRIDGE CEMETERY</b>	24b. LOCATION <b>HILLSIDE ILLINOIS</b>	24c. DATE (MONTH DAY YEAR) <b>8/27/98</b>
25a. FUNERAL HOME <b>JORDAN SHEPARD F.H.</b>	25b. FUNERAL DIRECTOR'S SIGNATURE <b>Heila Lyne</b>	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-014387</b>	25d. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>AUG 26 1998</b>

Print in Blue Ink (Directors, Physicians, Clerks for CTIONS)  
 RAISED  
 SIGNATURES  
 POSITION