

UNOFFICIAL COPY



AMERICAN TITLE CORP.
27990 CONVERSE ROAD
ISLAND LAKE, IL 60042

DECEASED JOINT TENANCY AFFIDAVIT

COOK COUNTY
RECORDER



0312249067

STATE OF ILLINOIS
COUNTY OF COOK

EUGENE "GENE" MOORE
ROLLING MEADOWS

Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 05/02/2003 09:32 AM Pg: 1 of 3

016011

Barbara Fambro, being duly sworn states that he/she resides at 6943 Vernon Avenue, Chicago, IL. 60637. Please indicate if residence is otherwise:

That he/she was acquainted with Curtis Fambro Sr., deceased who, at the time of his/her death, was one of the owners of the land in Cook County, ILLINOIS, described as:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died 9-15-1971 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: (please check which one applies)

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County, ILLINOIS.
- Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of Cook County, ILLINOIS about _____.

I did not know the deceased. Curtis Fambro Sr. died before I married Curtis Fambro, Jr. Barbara Fambro

1016011

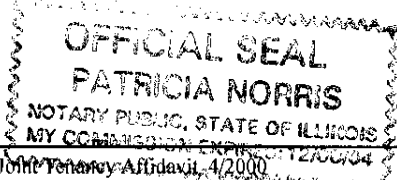
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of _____ dollars.

Affiants make this affidavit for that purpose of inducing AMERICAN TITLE CORPORATION to issue its Title Insurance Policy, describing the above-mentioned property.

Subscribed and sworn to before me by the said Barbara Fambro this 16 day of April, A.D. 2003.

Patricia Norris
Notary Public

Barbara Fambro 4/16/03
Barbara Fambro DATE



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REGISTRATION DISTRICT NO. 16.10
 REGISTERED NUMBER
 DECEASED—NAME **Curtis**
 STATE OF ILLINOIS
 MEDICAL CERTIFICATE OF DEATH
 STATE FILE NUMBER
626144

1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)
Negro
 2. SEX **Male**
 3. DATE OF BIRTH **1906** (MONTH, DAY, YEAR)
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
Chicago
 5. AGE—LAST BIRTHDAY (YES/NO)
65 (MONTH, DAY, YEAR)
 6. DATE OF DEATH **1971** (MONTH, DAY, YEAR)
 7. PLACE OF DEATH **COOK** COUNTY

8. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Chicago
 9. CITIZEN OF WHAT COUNTRY
United States
 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Married
 11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF DIFFERENT)
Michael Reese Hospital
 12. SOCIAL SECURITY NUMBER
338-05-9109
 13. US WAR VETERAN (YES/NO)
No
 14. WAR OR DATE(S) OF SERVICE

15. FATHER—NAME **Ernest Fambro**
 16. MOTHER—MAIDEN NAME **Not available**
 17. MAINTAINING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
172929 S. Ellis Chicago, Illinois 60616
 18. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE
Generalized Atherosclerosis
 (a) Due to or as a consequence of:
Recent Myocardial Infarction
 (b) Recent Myocardial Infarction
 (c) Due to or as a consequence of:
Generalized Atherosclerosis

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (SEE PART I)
 DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION
 19a. ATTENDED THE DECEASED FROM, (MONTH, DAY, YEAR)
9-14-71
 19b. TO (MONTH, DAY, YEAR)
9-15-71
 19c. NO LAST SAW HIM/HER ALIVE ON: (MONTH, DAY, YEAR)
9-15-71
 19d. HOUR OF DEATH
5:40 P. M.
 19e. AUTOPSY (YES/NO)
Yes
 19f. IF YES, WERE FINDINGS CONCLUSIVE AS TO CAUSE OF DEATH?
Yes

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED
 SIGNATURE **Arthur Wagner MD.**
 DATE SIGNED (MONTH, DAY, YEAR)
9-15-71
 NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER MUST BE NOTIFIED.

MAILING ADDRESS—CERTIFIER
1929 S. Ellis Ave. Chicago Illinois 60616
 STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP
 20. FUNERAL HOME
GRIFFIN FUNERAL HOME 3233 KING DRIVE CHICAGO ILLINOIS 60616
 NAME, STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP
 21. FUNERAL DIRECTOR'S SIGNATURE
Arthur Wagner MD.
 22. ILLINOIS LICENSE NUMBER
24969

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial
 24. CEMETERY OR CREMATORY—NAME
Worth
 LOCATION, CITY OR TOWN, STATE, ZIP
 25. LOCAL REGISTRAR'S SIGNATURE
Henry C. Brown
 CHICAGO BOARD OF HEALTH
 Chicago Civic Center, Room 105
 Concourse Level, Chicago 60602
 DATE RECD. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
SEP 17 1971

ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS
 BASED ON 1968 U.S. STANDARD CERTIFICATE

NOVEMBER 30, 1971
 STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO } SS
 I, Murray C. Brown, 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 of 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 as a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

AMERICAN TITLE CORP.
 27990 CONVERSE ROAD
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Henry C. Brown
 LOCAL REGISTRAR

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Appendix A

Legal Description

LOT 32 IN BLOCK 11 IN JOHNSTON CLEMENTS SUBDIVISION OF THE WEST HALF OF THE SOUTHEAST QUARTER OF SECTION 28 TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 20-22-415-017-0000

Property of Cook County Clerk's Office