



# TICOR TITLE INSURANCE COMPANY

6250 W. 95TH STREET, OAK LAWN, IL 60453

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## DECEASED JOINT TENANCY AFFIDAVIT

TICOR TITLE 504053 1574

STATE OF ILLINOIS }  
COUNTY OF DUPAGE } ss.

Order No.: 2000 000504053 OC

John Murray  
being duly sworn states that he resides at 1402 S 18th Ave  
in the City of Maywood

That was was acquainted with Billie Murray deceased who, at the time of death,  
was one of the owners of the land in Cook County, Illinois, described as:

Prepared by AMP MAIL TO:  
John Murray  
1402 S 18th Ave  
Maywood IL 606153



0316111236  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 06/10/2003 11:41 AM Pg: 1 of 3

That the deceased died 5-15-2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

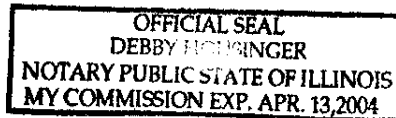
That the deceased died:

- 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 Seven fifty five thousand dollars.

Affiant makes this affidavit for the purpose of inducing Ticor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said



John Murray  
this 19th day of March, A.D. 19 2003

Debbly Housinger  
Notary Public

John Murray  
(Affiant's Signature)

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## Certified Copy of a Death Record

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>644</u>	<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  A DECEASED  B  C  D  E  PARENTS  1  2  3  CAUSE  4  5  N  P  CERTIFIER  24  DISPOSITION	DECEASED NAME FIRST MIDDLE LAST <u>BILLIE J MURRAY</u>			SEX <u>2 FEMALE</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>3 MAY 15, 2000</u>
	COUNTY OF DEATH <u>COOK</u>			AGE-LAST BIRTHDAY (YRS) 5a. <u>52</u>	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <u>NOVEMBER 25, 1947</u>
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>PROVISO TOWNSHIP</u>			UNDER 1 YEAR 5b. MCS DAYS <u>52</u>	UNDECEASED 5c. HOURS <u>52</u>
	HOSPITAL OR OTHER INSTITUTION-NAME (IF NONE IN EITHER, GIVE STREET AND NUMBER) <u>FOSTER G. MCGRAW HOSPITAL</u>			IF HOSP. OR INST. INDICATE D.O.A. OR OTHER RM. INPATIENT (SPECIFY) <u>8c INPATIENT</u>	
	BIRTHPLACE (CITY AND STATE OR V. FOREIGN COUNTRY) <u>7 MISSISSIPPI</u>			NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>8b JOHN W. MURRAY</u>	
	SOCIAL SECURITY NUMBER <u>10 463-88-2336</u>			USUAL OCCUPATION <u>11a Vice-President</u>	
	RESIDENCE (STREET AND NUMBER) <u>13a 1402 SOUTH 18TH AVENUE</u>			KIND OF BUSINESS OR INDUSTRY <u>11b Bank</u>	
	STATE <u>13e ILLINOIS</u>			EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <u>12</u> College (1-4 or 5-1) <u>2</u>	
	ZIP CODE <u>13f 60153</u>			CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>13c MAYWOOD</u>	
	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <u>14a Black</u>			HISPANIC ORIGIN? (SPECIFY YES OR NO; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <u>14b NO</u>	
FATHER-NAME (FIRST MIDDLE LAST) <u>15 A. B. BENDER</u>			MOTHER-NAME (FIRST MIDDLE (MAIDEN) LAST) <u>16 CHRISTINE LEWIS</u>		
INFORMANT'S NAME (TYPE OR PRINT) <u>17a LUIDA GUIANG</u>			ADDRESS (STREET AND NUMBER OR P.O. BOX) CITY OR TOWN, STATE, ZIP <u>17c HOSPITAL RECORDS 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</u>		
PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) <u>(a) Cerebral edema</u>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>		
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>(b) intraparenchymal brain mass x 2</u>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause in PART I.					
DATE OF OPERATION, IF ANY <u>20a</u>			MAJOR FINDINGS OF OPERATION <u>20b</u>		
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>19a YES</u>			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>19b NO</u>		
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <u>21a 5/15/00</u>			AS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>21b NO</u>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <u>22a SIGNATURE Maria Chou</u>			HOUR OF DEATH <u>21c 2:50 P.M.</u>		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>22c MARIA CHOU 2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</u>			DATE SIGNED (MONTH, DAY, YEAR) <u>22d 5/15/00</u>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <u>23 Kevin Simpson</u>			ILLINOIS LICENSE NUMBER <u>22e 1215-039125</u>		
BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24a BURIAL</u>			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
CEMETERY OR CREMATORY-NAME <u>24b WOODLAWN</u>			LOCATION (CITY OR TOWN STATE) <u>24c FORREST PARK, ILL. STATE</u>		
FUNERAL HOME <u>25a Wallace Funeral Home 2020 W. Roosevelt Rd. Broadview, IL 60155</u>			DATE (MONTH, DAY, YEAR) <u>24d 5-20-2000</u>		
FUNERAL DIRECTOR'S SIGNATURE <u>25b</u>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>25c 34-9351</u>		
LOCAL REGISTRAR'S SIGNATURE <u>25a</u>			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>25d May 17, 2000</u>		

I HEREBY CERTIFY THAT this foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAY 17 2000 SIGNED T. Richard J. Billie  
AT BROADVIEW, ILLINOIS 60155 Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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## TICOR TITLE INSURANCE COMPANY

**ORDER NUMBER:** 2000 000504053 OC  
**STREET ADDRESS:** 1402 S. 18TH AVE.  
**CITY:** MAYWOOD **COUNTY:** COOK COUNTY  
**TAX NUMBER:** 15-15-117-016-0000

**LEGAL DESCRIPTION:**

LOT 1 IN THE SUBDIVISION OF BLOCK 7 IN JAMES H WALLACE'S ADDITION TO MAYWOOD, BEING A SUBDIVISION OF LOTS 1 TO 8 INCLUSIVE, AND LOTS 25 TO 40 INCLUSIVE, AND LOTS 57 TO 72 INCLUSIVE, AND LOTS 86 TO 88 INCLUSIVE IN THE SUBDIVISION OF THE SOUTH 113-6/10 ACRES OF THE NORTH 169-6/10 ACRES OF WEST 1/2 OF SECTION 15, TOWNSHIP 39 NORTH RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office