



0318302119

Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 07/02/2003 09:49 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
  )  
COUNTY OF COOK    )

SS.

DATE: April 11, 2003  
FILE NUMBER: 02-035981

I, Darlene Watts, being first duly sworn, for the purpose of inducing One World Title, to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That she resides at 9330 South May, Chicago, Illinois 60620.
2. That he she was acquainted with Annie B. Hayes, her Mother, who died on May 19, 2001 as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners in the land to wit:  
  
PIN: 25-05-413-030  
  
Address: 9330 South May, Chicago, Illinois 60620
4. That said decedent died leaving no last will and testament.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate and Federal Tax purposes does not exceed \$100,000.00.

Darlene J. Watts  
Darlene Watts

Subscribed and sworn to before me this 11 day of April, 2003.



Noval Mines  
Notary Public

Prepared by and mail to: The Law Office of Kristal Rivers  
1507 East 53rd St. Ste 181  
Chicago, IL 60615

METROPOLITAN TITLE CO 02-035981 BOX 40

320

STATE OF ILLINOIS  
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

APR 10 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr  
COUNTY CLERK

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

608119

Type or Print in PERMANENT INK as per Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED  
PARENTS  
CAUSE

METROPOLITAN-TITEL CO

CERTIFIER

DISPOSITION

1. DECEASED-NAME: **Annie B. Hayes** 2. SEX: **Female** 3. DATE OF DEATH (MONTH, DAY, YEAR): **May 19, 2001**

4. COUNTY OF DEATH: **Cook** 5a. AGE-LAST BIRTHDAY (YRS): **75** 5b. UNDER 1 YEAR: **MOS** 5c. UNDER 1 DAY: **HOURS MIN.** 5d. DATE OF BIRTH (MONTH, DAY, YEAR): **October 19 1925**

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **Chicago** 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **9330 S. May Hospice** 6c. IF HOSP. OR INST. INDICATE D.O.A. (P/EMER. RM, INPATIENT (SPECIFY)):

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Bentonia Ms.** 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Widowed** 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **None** 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **No**

10. SOCIAL SECURITY NUMBER: **361-22-8301** 11a. USUAL OCCUPATION: **Self Employed** 11b. KIND OF BUSINESS OR INDUSTRY: **None** 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **10**

13a. RESIDENCE (STREET AND NUMBER): **9330 S. May** 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: **Chicago** 13c. INSIDE CITY (YES/NO): **yes** 13d. COUNTY: **Cook**

13e. STATE: **IL** 13f. ZIP CODE: **60620** 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **Black** 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**

15. FATHER-NAME FIRST MIDDLE LAST: **Walter Davis** 16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST: **Annie Mae Slater**

17a. INFORMANT'S NAME (TYPE OR PRINT): **Darlene Watts** 17b. RELATIONSHIP: **Daughter** 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **9330 S. May Chicago, IL 60620**

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.

Immediate Cause (Final disease or condition resulting in death) (a) **Chronic renal failure**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): **NO** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):

20a. DATE OF OPERATION, IF ANY: 20b. MAJOR FINDINGS OF OPERATION: 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? **YES**  **NO**

21a. (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON: 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **no** 21c. HOUR OF DEATH: **11:20 P. M.**

22a. SIGNATURE: **Ujjaya Sarma** 22b. DATE SIGNED (MONTH, DAY, YEAR): **5-22-01**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Dr. Sarma 8640 Lafayette Chicago, IL** 22d. ILLINOIS LICENSE NUMBER: **036099712**

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): **Burial** 24b. CEMETERY OR CREMATORY-NAME: **Restvale Cemetery** 24c. LOCATION CITY OR TOWN STATE: **Worth, IL** 24d. DATE (MONTH, DAY, YEAR): **May 26, 2001**

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: **Gatling's Chapel Inc. 10133 S. Halsted st Chicago, IL 60628**

25b. FUNERAL DIRECTOR'S SIGNATURE: **Bridgette D. Brown** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-014948**

26a. LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm, M.D.** 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAY 23 2001**

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## Legal Description

Land in the CITY of CHICAGO, COOK, ILLINOIS, described as follows:

THE NORTH 1/2 OF LOT 39 AND ALL OF LOT 40 IN BLOCK 25 IN CREMIN AND BRENAN'S FAIRVIEW PARK SUBDIVISION OF CERTAIN BLOCKS AND PARTS OF BLOCKS IN CROSBY AND OTHERS' SUBDIVISION IN THE SOUTH 1/2 (WEST OF RAILROAD) OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN(S): 25-05-413-030

Commonly Known As: 9330 S. MAY

BOX 45

METROPOLITAN TITLE CO.

Property of Cook County Clerk's Office