

# UNOFFICIAL COPY



0318950651

Eugene "Gene" Moore Fee: \$26.50  
Cook County Recorder of Deeds  
Date: 07/08/2008 01:05 PM Pg: 1 of 2

## JOINT TENANCY AFFIDAVIT

Rosine T. Mc Lemore, hereinafter referred to as the affiant, states under oath that the affiant resides at 7730 S. Indiana, in the City of Chicago, Illinois; that the affiant was acquainted with Walker Mc Lemore, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

**LOT 13 IN THE RESUBDIVISION OF THE EAST 1/2 OF BLOCK 16 IN  
PITNER'S SUBDIVISION OF THE SOUTHWEST 1/4 OF SECTION 27,  
TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL  
MERIDIAN, IN COOK COUNTY, ILLINOIS**

*PEN 20-27-314-03*

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

*Rosine T. Mc Lemore* (Seal)

(Seal)

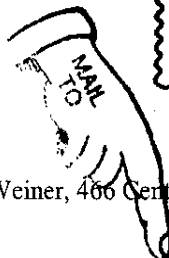
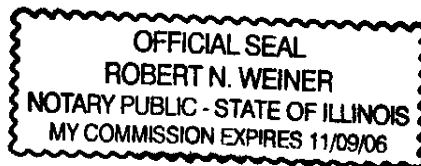
STATE OF ILLINOIS

SS

COUNTY OF COOK

Subscribed and Sworn to before me  
this 7<sup>th</sup> day of July 2008

Notary Public



This Instrument was prepared by: Robert N. Weiner, 466 Central Ave., Suite 34 Northfield, IL 60093

*26.50*

STATE OF ILLINOIS )  
County of Cook

DAVID ORR, County Clerk

OCT 12 2001

**UNOFFICIAL COPY**

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

BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
WALTER MCLEMORE		M		JUNE 3, 1995	
CITY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR (MOR)	UNDER 1 DAY (HOURS)	DATE OF BIRTH (MONTH, DAY, YEAR)	
COOK	85			JUNE 16, 1909	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION NAME (IF NOT EITHER, GIVE STREET) AND NUMBER		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
6a. CHICAGO		6b. JACKSON PARK HOSPITAL		6c. D.O.A.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIAGE STATUS (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY))		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. BELLS, TN.		8a. MARRIED		8. NIEAL ROSINE TYLER	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 329-01-3979		11a. LABORER		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY
13a. 7730 SOUTH INDIANA AVENUE		30. CHICAGO		13c. YES	13d. COOK
STATE	ZIP CODE	FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (S) (S) (S)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. ILLINOIS	13f. 60619	14a. BLACK		14b. NO YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. MOSCOW MCLEMORE		16. MOLLIE CLYCE			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP)		
17a. NIEAL ROSINE MCLEMORE		17b. WIDOW	17c. 7730 S. INDIANA AVE. CHGO., IL. 60619		
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) HEPATOCELLULAR CARCINOMA			6A00
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF			
		(c) DUE TO, OR AS A CONSEQUENCE OF			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
MYASTHENIA GRAVIS - DIABETES MELLITUS		19. AUTOPSY (YES/NO)		20. IF AN AUTOPSY FINDINGS ARE A MAJOR FACTOR IN THE COMPLETION OF CAUSE OF DEATH (YES/NO)	
		19. NO		20. NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		21. IF MALE, WAS THERE A PREGNANCY (PAST 4 MONTHS)? (YES/NO)	
				21. YES	
11 (D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21a. 5-24-95		21c. 12-10 P.M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		22a. SIGNATURE		22b. DATE SIGNED (MONTH, DAY, YEAR)	
		<i>D.S. Rosset</i>		JUN 5 1995	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. ILLINOIS LICENSE NUMBER			
D.S. ROSSET W 54th - 820 S. DAMEN CHI - 60617		22c. 363170L			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23. BURIAL, CREMATION, RESURRICTION, etc.		24a. DATE (MONTH, DAY, YEAR)	
		24a. BURIAL		24a. JUNE 14, 1995	
FUNERAL HOME		LOCATION CITY/TOWN STATE		DATE (MONTH, DAY, YEAR)	
24b. CARTER FUNERAL CHAPEL, LTD. 2100 EAST 75TH STREET CHICAGO, ILLINOIS		24c. BELLS, TENNESSE		24d. JUNE 14, 1995	
FUNERAL DIRECTOR'S SIGNATURE		25a. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
<i>David Orr</i>		25a. 34-11821		25b. JUN 8 1995	
LOCAL REGISTRAR'S SIGNATURE		26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
<i>David Orr</i>		<i>David Orr</i>		26b. JUN 8 1995	