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Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 07/22/2003 11:16 AM Pg: 1 of 4

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Above space for recorder's use only

Deceased Joint Tenancy Affidavit

TICOR TITLE INSURANCE

Prepared by and mail to: William J. Tucker
7937 Paxton Ave #1B
Tinley Park, IL 60477

BOX 15

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FINANCIAL TITLE SERVICES

DECEASED JOINT TENANT AFFIDAVIT

State of Illinois
County of COOK

RE: File Number 304184

WILLIAM J. TUCKER, being duly sworn and for the purposes of inducing Financial Title Services to delete all title exceptions caused by the death of GRACE M. TUCKER, states:

1. That Affiant resides at 7937 PAXTON AVE #1B TINLEY PARK, IL 60477.
2. That Affiant was acquainted with said decedent who died on 2/4/03 as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land described in the subject file.
4. That said decedent died:
 - leaving no Last Will and Testament;
 - leaving a Last Will and Testament, a copy of which is attached hereto;
 - leaving a Last Will and Testament, which was filed in the unproven will box of the Probate Division of the Circuit Court of _____ County on _____.
5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$100,000.00.

304184

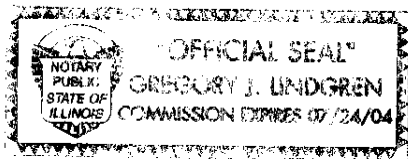
EQUILIBRIUM TITLE MODEL

BOX 15

Subscribed and sworn to before me by the said Affiant
This 30th day of April, 2003.

G. J. Lindgren
Notary Public

William J. Tucker
WILLIAM J. TUCKER



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Ticor Title Insurance Company

Commitment Number: 304184

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

UNIT 1-B-7937 IN TINLEY WEST CONDOMINIUM NUMBER 2, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

LOT 33 IN BREMENTOWNE SOUTH, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 26177353 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS

PIN: 27-25-104-025-1002

PROPERTYADDRESS:7937 PAXTON AVENUE #1B TINLEY PARK, IL 60477

PREPARED BY/MAIL TO:
WILLIAM J. TUCKER
7937 PAXTON AVENUE #1B
TINLEY PARK, IL 60477

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STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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

FEB 05 2003

DECEDENT'S BIRTH NO. _____
REGISTRATION DISTRICT NO. 1100
REGISTERED NUMBER _____
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER _____

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

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. GRACE M. TUCKER 2. FEMALE 3. FEBRUARY 4, 2003

COUNTY OF DEATH 4. COOK AGE-LAST BIRTHDAY (YRS) UNDER 1 DAY UNDER 1 DAY UNDER 1 DAY
5a. 78 5b. 78 5c. _____

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. BURBANK HOSPITAL OR OTHER INSTITUTION (NAME IF KNOWN; IF NOT KNOWN, GIVE STREET AND NUMBER)
6b. IHS EXCEPTIONAL HEALTH CENTER
5701 WEST 91TH STREET

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a. MARRIED NAME OF SURVIVING (PO, SS, MAIDEN NAME, IF WIFE)
8b. WILLIAM J. TUCKER

SOCIAL SECURITY NUMBER 10. 353-16-8008 USUAL OCCUPATION 11a. CLERK KIND OF BUSINESS (S.S.O.) INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
12. 12

RESIDENCE (STREET AND NUMBER) 13a. 7937 PAXTON CITY, TOWN, TWP. OR ROAD DISTRICT NO. 11b. BANKING 12. 12 INSIDE CITY (YES/NO) 13c. YES COUNTY COOK
STATE ILLINOIS 13b. TINLEY PARK OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 13d. YES

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST
14a. WILLIAM J. TUCKER 14b. MARY O'CONNOR

INFORMANT'S NAME (TYPE OR PRINT) 15. FRANK MALRATH 16. MARY

17a. WILLIAM J. TUCKER 17b. HUSBAND 17c. 7937 PAXTON, TINLEY PARK, IL, 60477 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

18 PART I. Immediate Cause (final disease or condition resulting in death)
19. Stage chronic obstructive lung disease
20. Card

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

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(b) DUE TO OR AS A CONSEQUENCE OF _____

CAUSE

22a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

22b. DID NOT ATTEND THE DECEASED AND LAST SAWN WHEN ALIVE ON (MONTH, DAY, YEAR) 20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO

22c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
22d. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DR. R. S. SALWAN, 2850 WEST 95TH STREET, EVERGREEN PK., IL, SUITE 204, 60805

22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

CERTIFIER

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CEMETERY OR CREMATORY-NAME 24b. FOREST CREMATORY 24c. LOCATION 24d. CITY OR TOWN STATE

24a. FOREST CREMATORY 24b. FOREST CREMATORY 24c. ROMEOVILLE, ILLINOIS 24d. DATE 2/8/2003

FUNERAL HOME 25a. D.F. CURLEY SONS, 10727 SOUTH PULASKI ROAD, CHICAGO, ILLINOIS 60655

FUNERAL DIRECTOR'S SIGNATURE 25b. LOCAL REGISTRAR'S SIGNATURE 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 034-009949

25a. LOCAL REGISTRAR'S SIGNATURE 25b. REGISTRAR 25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 05-03

DISPOSITION

26a. VFD00 (Rev. 5/89) REGISTRAR 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 05-03

ILLINOIS LICENSE NUMBER 22d. 0360938899

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BASED ON 1989 U.S. STANDARD CERTIFICATE

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

21c. DATE SIGNED (MONTH, DAY, YEAR) 11:46 P. M.

21d. ILLINOIS LICENSE NUMBER 0360938899

22. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22b. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22c. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22d. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22e. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22f. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22g. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22h. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22i. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22j. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22k. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22l. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22m. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22n. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22o. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22p. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22q. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22r. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22s. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22t. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22u. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22v. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22w. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22x. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22y. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03

22z. DATE SIGNED (MONTH, DAY, YEAR) 2/5/03