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UNOFFICIAL COPY

STATE OF ILLINOIS

SS.

COUNTY OF _____



0322325096

Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 08/11/2003 10:47 AM Pg: 1 of 2

JOINT TENANCY AFFIDAVIT

Middy Cochran

(hereinafter referred to as the "affiant"), states
under oath as follows:

1. That affiant resides at _____

6623 S Lowe Chicago

2. That affiant was acquainted with _____

William Cochran the decedent;

3. That, at the time of his/her death, decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, located in Cook County, Illinois, and legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO AND MADE A PART HEREOF

Permanent Real Estate Index Number: 20-21-126-007-000

4. 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;

5. That the decedent died on 10/2/00, with without (choose one) a last will and testament;

6. That the total value of decedent's estate, including the taxable interest in the above property was \$ 25,000 and that the value of the above property individually was \$ 150,000;

7. That the Illinois inheritance tax and federal estate tax, if any was due from decedent's estate, has been paid in full;

8. That the affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc., to issue its policy of title insurance on the above-described property.

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees to forever fully indemnify, protect and defend and hold Attorneys' Title Guaranty Fund, Inc., harmless and to reimburse The Fund for all loss, costs, damages, suits, attorney's fees and expenses of any kind and nature that The Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of None, the decedent;
2. Illinois state inheritance tax and federal estate tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

x Middy Cochran (SEAL)

Print name: _____

SUBSCRIBED and SWORN to before me
me this 14 day of July 2003

NOTARY PUBLIC



NOTE: If decedent left a will, an original or certified copy must be presented to The Fund for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

1287670

ATGF, INC.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO
 OCT 10 2000

DECEASED NAME: **William J. Cochran** FIRST MIDDLE LAST
 COUNTY OF DEATH: **Cook**
 AGE LAST BIRTHDAY (YRS): **54** MONTHS: **7** DAYS: **1923**
 DATE OF BIRTH (MONTH, DAY, YEAR): **October 5, 2000**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NETHER, GIVE STREET AND NUMBER): **Vencor Central**
 SEX: **Male**
 DATE OF DEATH (MONTH, DAY, YEAR): **October 5, 2000**
 IF HOSP. OR INST. INDICATE D.O.A. OPERATED, PAT. INPATIENT (SPECIFY): **In-Patient**

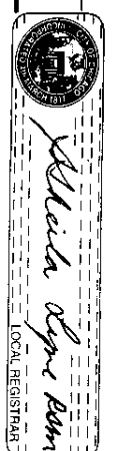
MARRIED (NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED): **Married**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Micky Wicks**
 SOCIAL SECURITY NUMBER: **728-01-6356**
 USUAL OCCUPATION: **Chief Chef**
 KIND OF BUSINESS OR INDUSTRY: **Rail Road**
 EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED): **8th**
 INSIDE CITY (YES/NO): **Yes**
 COUNTY: **Cook**
 RESIDENCE (STREET AND NUMBER): **6623 South Lowe**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **Yes**
 RELATIONSHIP: **Daughter**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP): **8844 S. Bishop Chicago, Illinois**

174. **Otelia Jones**
 IMMEDIATE CAUSE (First cause or condition resulting in death): **MULTI SYSTEM ORGAN FAILURE**
 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF: **SEPSIS**
 IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF: **1 WEEK**
 CAUSE LAST: **1 WEEK**
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: **2000**
 MAJOR FINDINGS OF OPERATION: **NO**
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **Dr. H. 2000**
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): **DR. H. 2000**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **ADDISON SUITE 44-3**
 ADDRESS: **5700 W. ADDISON SUITE 44-3 CHICAGO, IL. 60634**
 DATE SIGNED (MONTH, DAY, YEAR): **OCT 5, 2000**
 ILLINOIS LICENSE NUMBER: **036-049625**

23. NAME OF CEMETERY OR CREMATORY: **Restvale**
 LOCATION: **Worth, Illinois**
 CITY OR TOWN: **Worth, Illinois**
 STATE: **Illinois**
 ZIP: **60617**
 NAME OF FUNERAL HOME: **Doty Nash, Ltd 8620 South Stony Island Avenue Chicago, Illinois 60617**

25a. LOCAL REGISTRAR'S SIGNATURE: **Alaina Lynn RSM**
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 10 2000**
 LOCAL REGISTRAR'S SIGNATURE: **Alaina Lynn RSM**
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 10 2000**



Alaina Lynn RSM
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.