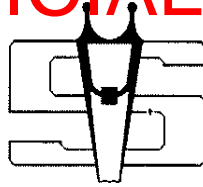




0323829099

Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 08/26/2003 10:23 AM Pg: 1 of 3



Sanctity of Contract

Stewart Title Company of Illinois

STEWART TITLE OF ILLINOIS
2 N. LaSALLE STREET
SUITE 1920
CHICAGO, IL 60602

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF) SS.

STCI File Number: 311609

Sylvia Nelson

being duly sworn states that I resides at 8459 S. Honore in the City of Chicago

That I was acquainted with William Nelson deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

See attached

3P
78

That the deceased died August 9, 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 \$130,000 dollars.

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

Subscribed and sworn to before me by the said

this 26th day of July, A.D. 2003

[Signature]
Notary Public

[Signature]
(Affiant's Signature)

UNOFFICIAL COPY

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE AUGUST 28, 2000 REGISTERAR Shirley Thomas DEPUTY REGISTRAR _____

AT EVERGREEN PARK, ILLINOIS

REGISTRATION DISTRICT NO. 16:33
 REGISTERED NUMBER 552

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED NAME William McKimsey	FIRST McKIMSEY	MIDDLE WILLIAM	LAST JR	SEX M	DATE OF DEATH (MONTH, DAY, YEAR) August 9, 2000
2. COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY (YRS) 78	UNDER 1 YEAR MOS 5b	UNDER 1 DAY HOURS 5c	MIN 5d	DATE OF BIRTH (MONTH, DAY, YEAR) MAY 15, 1928
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER EVANSTON	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT NEITHER, GIVE STREET AND NUMBER) LITTLE COMPANY	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) JOAN ALISE REYNOLDS		IF HOSP OR INST, INDICATE D.O.A. (DECEASED OR INST. PATIENT) (SPECIFY) BOA	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) OKLAHOMA	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED	8b. JOAN ALISE REYNOLDS		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) YES	
5. SOCIAL SECURITY NUMBER 486-443853	9a. USUAL OCCUPATION SUPERVISOR	10. KIND OF BUSINESS OR INDUSTRY POST OFFICE		11. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12	
6. RESIDENCE (STREET AND NUMBER) 8459 S. HOWARD	11a. SUPERVISOR	11b. POST OFFICE		12. COLLEGE (1-4 or 5 +) 2	
7. STATE ILLINOIS	13a. CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO	13b. INSIDE CITY (YES/NO) YES		13d. COUNTY COOK	
8. FATHER NAME FIRST MIDDLE LAST William McKimsey Nelson	13c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) WHITE	14b. MARRIED (YES/NO) YES		14c. SPECIFY: CHARRISSE	
9. INFORMANT'S NAME (TYPE OR PRINT) JOAN NELSON	14. MOTHER'S NAME FIRST MIDDLE LAST JOAN ALISE REYNOLDS	15. MAILING ADDRESS (SHEET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 8459 S. HOWARD CHICAGO		16. MARRIAGE INTERVIEW BETWEEN DEATH AND BIRTH	
10. IMMEDIATE CAUSE (Final disease or condition resulting in death) RESPIRATORY FAILURE	17a. RELATIONSHIP WIFE	17b. MARRIAGE INTERVIEW BETWEEN DEATH AND BIRTH		17c. MARRIAGE INTERVIEW BETWEEN DEATH AND BIRTH	
11. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DISEASES, OR COMPLICATIONS THAT CAUSED THE DEATH, OR AS A CONSEQUENCE OF SHOCK, OR HEART FAILURE. List only one cause on each line. (a) RESPIRATORY FAILURE (b) DISEASES: CHRONIC OBSTRUCTIVE LUNG DISEASE	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.				
12. DATE OF OPERATION, IF ANY	19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY (YES/NO) 19a. NO 19b. NO 19c. NO		
21. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 7/30/00	22. SIGNATURE (TYPE OR PRINT) Shirley Thomas		23. HOUR OF DEATH 9:00 P		
24. NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) DR. POLYMERHARDOEN 4411618 WILSON ST CHICAGO IL 60611	25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		26. DATE SIGNED (MONTH, DAY, YEAR) 8/22/00		
27. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) EVANSTON ILLINOIS	28. CEMETERY OR CREMATORY NAME ST. MARY'S	29. LOCATION EVANSTON ILLINOIS	30. DATE (MONTH, DAY, YEAR) AUGUST 13, 2000		
31. FUNERAL HOME LEWIS & CLARK	32. STREET AND NUMBER OR R.F.D. 9338 S. CATHARINE	33. CITY OR TOWN CHICAGO ILLINOIS	34. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-007489		
35. LOCAL REGISTRAR'S SIGNATURE Shirley Thomas	36. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 8-28-00		37. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		

IR200 (Rev. 5/89)

Illinois Department of Public Health - Division of Vital Records

BASED ON 1989 U.S. STANDARD CERTIFICATE

UNOFFICIAL COPY

ALTA COMMITMENT
Schedule A - Legal Description
File Number: TM110165
Assoc. File No: IHT316

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 25 and the South 14 feet of Lot 26 in Block 10 in Subdivision of Blocks 8, 9 and 10 in Newman and Hart's Addition to Englewood Heights, being a subdivision of part of the North 1/2 of the Southeast 1/4 of Section 31, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office
20-31-410-071
8459 S. Honore
Chgo, IL 60620