

# UNOFFICIAL COPY

## STEWART TITLE GUARANTY COMPANY

30 N. LASALLE STREET SUITE 2100 CHICAGO, IL 60602



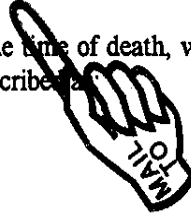
### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }  
COUNTY OF } ss.

Order No: Doc#: 0324902153  
Eugene "Gene" Moore Fee: \$46.00  
Cook County Recorder of Deeds  
Date: 09/08/2003 09:14 AM Pg: 1 of 2

~~Ann Marie Turner~~ Richard Turner  
being duly sworn states that she he resides at 7150 South L. Jabash  
in the City of Chicago Rudco CA 94572 1120 Clays Ct

That he was acquainted with Annie L. Turner deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as



*Handwritten initials*

311034

Property of Cook County Clerk's Office

STEWART TITLE OF ILLINOIS  
2 NORTH LASALLE STREET SUITE 2100  
CHICAGO, IL 60602

That the deceased died 24 August, 2002, 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 Case 02 P 7222.

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 195,000 dollars.

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

Subscribed and sworn to before me by the said

Richard Turner

this 21st day of July, A.D. 19 2003

Colleen M. Quinn  
Notary Public



Richard Turner  
(Affiant's Signature)

STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

**UNOFFICIAL COPY** JUL 21 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

DECEASED	DECEASED-NAME 1. <b>ANNIE L TURNER</b>	FIRST <b>ANNIE</b>	MIDDLE <b>L</b>	LAST <b>TURNER</b>	SEX 2. <b>FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) 3. <b>AUGUST 24, 2002</b>
B	COUNTY OF DEATH 4. <b>COOK</b>	AGE-LAST BIRTHDAY (YRS) 5a. <b>58</b>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>MAY 6, 1918</b>	
C	CITY, TOWN, TWP, OR ROAD DISTRICT, NUMBER 6a. <b>CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <b>7150 SOUTH WABASH</b>			IF HOSP. OR INST. INDICATE O.Q.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. <b>HOSPICE</b>	
D	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>MOBILE ALABAMA</b>	MARRIED (NEVER MARRIED, WIDOWED, OR DIVORCED) (SPECIFY) 8a. <b>WIDOWED</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>NONE</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. <b>NO</b>	
E	SOCIAL SECURITY NUMBER 10. <b>340-07-0903</b>	USUAL OCCUPATION 11a. <b>FOOD SERVICES</b>	KIND OF BUSINESS OR INDUSTRY 11b. <b>GENERAL</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>12TH</b>		
	RESIDENCE (STREET AND NUMBER) 13a. <b>7150 SOUTH WABASH</b>	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. <b>CHICAGO</b>	INSIDE CITY (YES/NO) 13c. <b>YES</b>	COUNTY 13d. <b>COOK</b>		
	STATE 13e. <b>ILLINOIS</b>	ZIP CODE 13f. <b>60619</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a.	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES SPECIFY:		
PARENTS	FATHER-NAME FIRST MIDDLE LAST 15. <b>THOMAS WESTBROOK</b>	MOTHER-NAME FIRST MIDDLE LAST 16. <b>ANNIE FRITZ</b>		(MAIDEN) LAST		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>MAYBLEINE GIGGERS</b>	RELATIONSHIP 17b. <b>HOSPITAL RECORDS</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637</b>			
CAUSE	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.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death) → (a) <b>METASTATIC ADENOCARCINOMA</b>	DUE TO, OR AS A CONSEQUENCE OF				
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) _____	DUE TO, OR AS A CONSEQUENCE OF				
	(c) _____					
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					19a. <b>NO</b>
	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.			IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
	(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. <b>AUGUST 2, 2002</b>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b.		HOUR OF DEATH 21c. <b>4:15 P M.</b>		
CERTIFIER	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					DATE SIGNED (MONTH, DAY, YEAR) 22b. <b>AUGUST 28, 2002</b>
	22a. SIGNATURE <i>Thomas Gajewski</i>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637</b>			ILLINOIS LICENSE NUMBER 22d. <b>036-090751</b>	
	22c. <b>THOMAS GAJEWSKI, MD</b>					NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
	23. <b>THOMAS GAJEWSKI, MD</b>					
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>	CEMETERY OR CREMATORY-NAME 24b. <b>Burr Oak</b>		LOCATION 24c. <b>Alsip, Illinois</b>	DATE (MONTH, DAY, YEAR) 24d. <b>8/30/02</b>	
	FUNERAL HOME 25a. <b>Leak And Sons Funeral Home</b>	NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>7838 s. Cottage Grove Chicago, Illinois 60619</b>				
	FUNERAL DIRECTOR'S SIGNATURE 25b. <i>John A. Wilhelm, D.D.</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>031-007489</b>			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>AUG 29 2002</b>	
	LOCAL REGISTRAR'S SIGNATURE 26a. <i>John A. Wilhelm, D.D.</i>					