



UNOFFICIAL COPY

EUGENE "GENE" MOORE
RECORDER OF DEEDS/REGISTRAR OF TITLE
COOK COUNTY, ILLINOIS



Doc#: 0326647131
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 09/23/2003 12:01 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF

LEONARD LOWERY BEING DULY SWORN STATES THAT I
RESIDES AT 8303 So. MORGAN IN THE CITY OF CHICAGO
THAT I WAS ACQUAINTED WITH BETTY B. LOWERY THE DECEASED, WHO AT
THE TIME OF HER DEATH, WAS ONE OF THE OWNERS OF THE LAND IN COOK COUNTY,
ILLINOIS, DESCRIBED

LOT 47 IN BLOCK 5 IN HILL'S SUBDIVISION OF THE NORTH 19 ACRES OF THE EAST 1/2 OF
THE SOUTHEAST 1/4 OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 14 AND ALL THAT
PART OF THE NORTH 19 ACRES OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION
33, TOWNSHIP 38 NORTH, RANGE 14 LYING WEST OF THE C.P. AND P.R. EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 20-32-404-002-0000

THAT THE DECEASED DIED JAN 6, 2003, AS EVIDENCED BY A ORIGINAL CERTIFIED
COPY OF THE DEATH CERTIFICATE OF THE DECEASED ATTACHED HERETO.

THAT THE DECEASED DIED:

- NO 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 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 _____.

AT 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 DECEASED, DOES NOT EXCEED THE SUM OF _____ DOLLARS.

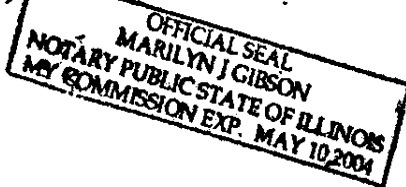
DESCRIBED AND SWORN TO BEFORE ME BY SAID

THIS WAS PREPARED BY

THIS 23rd DAY OF Sept A.D. 2003

Marilyn J. Gibson
NOTARY PUBLIC

Leonard Lowery
AFFIANT'S SIGNATURE



REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **600262**

REGISTERED NUMBER **Betty JEAN Boglin** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **January 16, 2003**

DECEASED-NAME **Betty JEAN Boglin** FIRST MIDDLE LAST **Boglin**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 16 2003

1. COUNTY OF DEATH CHICAGO **2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** CHICAGO

3. AGE LAST BIRTHDAY (MAY) 68 **4. UNDER 1 YEAR** **5. UNDER 1 DAY** **6. DATE OF BIRTH (MONTH, DAY, YEAR)** MAY 15, 1942

7. FAIRFIELD AL **8a. MARRIED** **8b. MARRIED** **9. NO**

10. 422-54-0649 **11a. L.P.N** **11b. M.H.** **12. 12** **13a. YES** **13b. COOK**

13a. 8303 S. MORGAN **13b. CHICAGO** **14b. YES** **14c. YES** **15. EUGENE BOGLIN** **16. OVEITTA ROBERSON**

17a. SICKIE SMITH **17b. 251 E. HILDEN**

18. PART I. Immediate Cause (Final illness or condition resulting in death) **19. Enter the disease, 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.** **20. DUE TO, OR AS A CONSEQUENCE OF**

(a) Metastatic breast cancer

(b) DUE TO, OR AS A CONSEQUENCE OF

(c)

21. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

22a. SIGNATURE **22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)** **22c. DATE AND PLACE OF DEATH OCCURRED AT THE TIME, DATE AND PLACE OF DEATH TO THE CAUSE(S) STATED.**

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)

24. BIRTHDAY **25. BIRTHDAY** **26. BIRTHDAY**

27. BIRTHDAY **28. BIRTHDAY** **29. BIRTHDAY**

30. BIRTHDAY **31. BIRTHDAY** **32. BIRTHDAY**

33. BIRTHDAY **34. BIRTHDAY** **35. BIRTHDAY**

36. BIRTHDAY **37. BIRTHDAY** **38. BIRTHDAY**

39. BIRTHDAY **40. BIRTHDAY** **41. BIRTHDAY**

42. BIRTHDAY **43. BIRTHDAY** **44. BIRTHDAY**

45. BIRTHDAY **46. BIRTHDAY** **47. BIRTHDAY**

48. BIRTHDAY **49. BIRTHDAY** **50. BIRTHDAY**

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.