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JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
) SS
COUNTY OF Cook)



Doc#: 0326804195
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 09/25/2003 02:48 PM Pg: 1 of 3

Annie Goins, hereby referred to as the affiant, states under oath that the affiant resides at 1634 N. Moody Ave., In the City of Chicago, County of Cook, State of Illinois, that the affiant was acquainted with **Roosevelt Goins**, the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows:

See Attached Legal

Property Address: 945 N. Ridgeway, Chicago, Illinois 60651

PIN: 16-02-322-006-0000

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;

The decedent died on December 19, 2002, leaving no last will and testament;

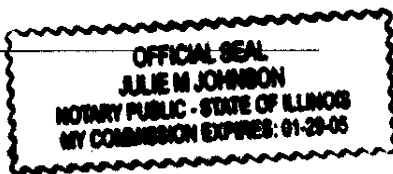
The total value of decedent's estate, including the taxable interest in the above property was \$34, 000.00 , and that the value of the above property individually was \$68,000.00.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full.

Annie Goins
Annie Goins

Subscribed and sworn to before me this 18th day of August, 2003.

Julie M Johnson
Notary Public



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ATGF, INC.

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Legal Description:

LOT 43 IN BLOCK 3 IN T.J. DIVENS SUBDIVISION OF THE SOUTH EAST
1/4 OF THE SOUTHWEST 1/4 OF SECTION 2, TOWNSHIP 39 NORTH, RANGE
13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH **619619**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 22 2002

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.

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. ROOSEVELT GOINS MALE 2. MALE 3. DECEMBER 19, 2002

COUNTY OF DEATH 4. COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7a. MISSISSIPPI

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED

SOCIAL SECURITY NUMBER 10. 437 50 7564

RESIDENCE (STREET AND NUMBER) 13a. 1634 NORTH MOODY

CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO

INSIDE CITY (YES/NO) 13c. YES

COUNTY 13d. COOK

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST

15. BENZANT GOINS

17a. ANNIE GOINS

17b. WIFE

17c. 1634 N. MOODY ST. CHICAGO, ILL.

16. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)

Immediate Cause (Final disease or condition resulting in death)

18. PART I: (a) METASTATIC LUNG CANCER

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) (c)

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

DATE OF OPERATION, IF ANY 20a.

MAJOR FINDINGS OF OPERATION 20b.

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 19a. YES

IF FEMALE, WAS THERE A PREGNANCY IN THE THREE MONTHS? 20c. YES NO

(1) DID (2) DID NOT ATTEND THE DECEASED AND LAST SAID (3) AFTER SURVIVAL

21a. 8/23/02

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) PAUL KUNGL 1010 W. LAKE ST. OAK PK. IL 60301

22b. DATE SIGNED (MONTH, DAY, YEAR) 12/17/02

22c. ILLINOIS LICENSE NUMBER BK5192084

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

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL

CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24b. FOREST HOME 24c. FOREST PK, ILLINOIS 24d. 12/28/20

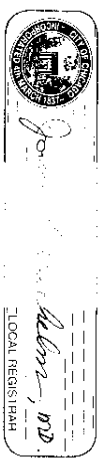
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. PICKETT JOHNSON FUNERAL HOME 409 W. NORTH AVE CHICAGO ILLINOIS 60610

FUNERAL DIRECTOR'S SIGNATURE LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

25b. 010708 25c. DEC 27 2002

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



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