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CHICAGO TITLE INSURANCE COMPANY
DECEASED JOINT TENANCY AFFIDAVIT



0327545167

Doc#: 0327545167
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 10/02/2003 11:35 AM Pg: 1 of 3

Property of COOK COUNTY

State of Illinois
County of Cook

Order No. _____

032-2240
032-03

James Fuller Jr being duly sworn states
that he resides at 809 Sagerwood Lane, Hermitage Ga 31313
the City of _____

That he was acquainted with Dorothy Mae Fuller
deceased who, at the time of her death, was one of the owners of the land
in Cook County, Illinois, described as: _____ 3

LOT 36 IN THE SUBDIVISION OF THE WEST 1/2 OF BLOCK 14 IN F. HARDING'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11. TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died 9-22-1997, as evidenced
by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: PIN. 16. 11-127. 014-0000
429 N. Harding Ln, Hermitage Ga 31313

- 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 _____ dollars.

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

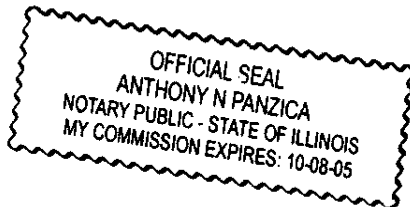
Subscribed and sworn to before me by the said

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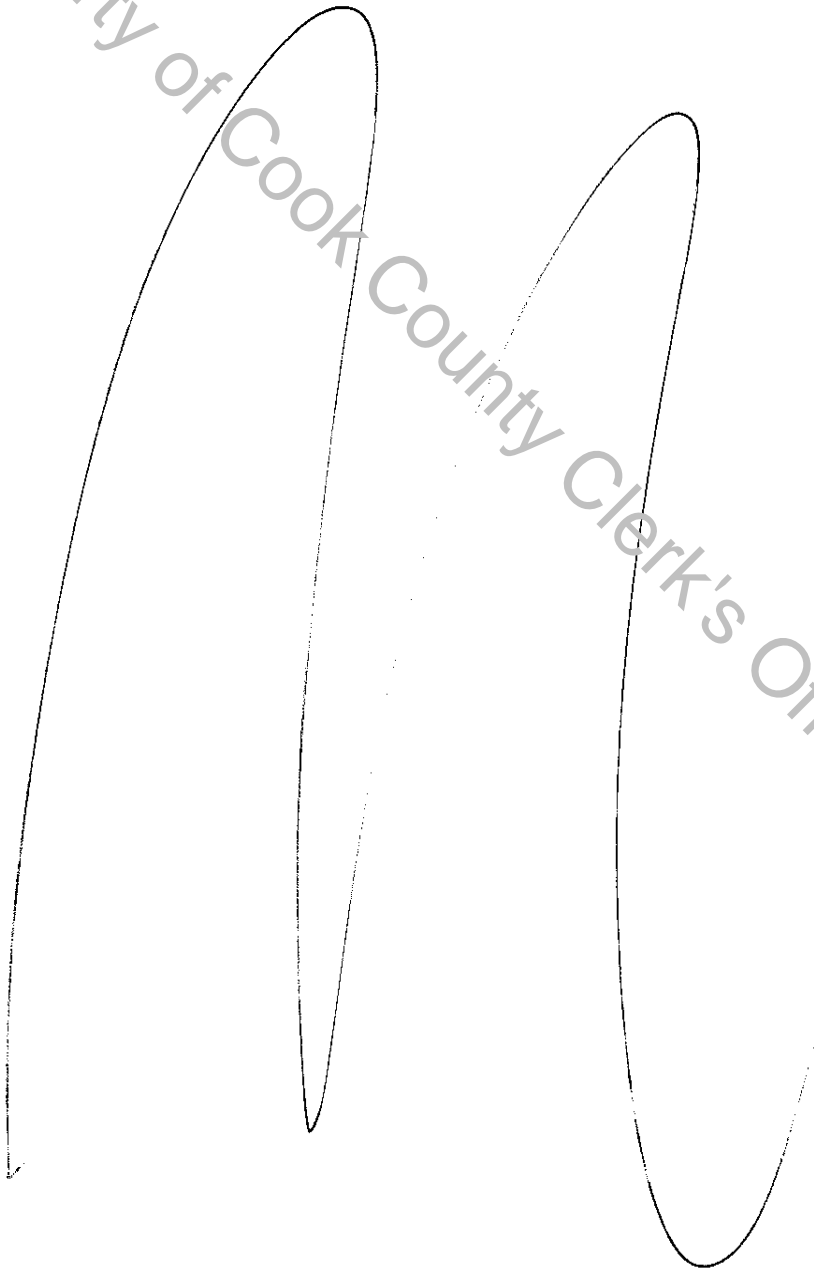
this 17th day of Sept, A.D. 2003

[Signature]
Notary Public

[Signature]
(affiant's signature)
James Fuller Jr.



Property of Cook County Clerk's Office



STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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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

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH 92 055043

BIRTH NO.	REGISTRATION DISTRICT NO. 16.24	REGISTERED NUMBER 681	STATE OF ILLINOIS		STATE FILE NUMBER 92 055043
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. DOROTHY MAE FULLER		FEMALE	3. SEPTEMBER 22, 1992		
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) MO. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. COOK		5a. 56 5b.	5c. 5d. 5e. 5f. 5g. 5h. 5i. 5j. 5k. 5l. 5m. 5n. 5o. 5p. 5q. 5r. 5s. 5t. 5u. 5v. 5w. 5x. 5y. 5z.		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF IN HOSP. OR INST., INDICATE D.O.A. OPERATED, P.M. INPATIENT (SPECIFY)	
6a. OAK PARK		6b. WEST SUBURBAN HOSPITAL 2		6c. EMER	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. HOLLYWOOD, MS		8a. DIVORCED		8. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 353-26-3715		11a. NURSES AID		11b. FAMILY CARE SERVICES	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
13a. 841 N. KEDVALE		113b. CHICAGO		13c. YES 13d. COOK	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
13a. IL		13f. 60651		14a. BLACK	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
15. JAMES WYATT		14. VIRGINIA BLUE		14b. NO 14c. YES SPECIFY: 0	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. CHARMAINE LATHAM		17b. DAUGHTER		841 N. KEDVALE CHICAGO, IL 51	
18. PART I. Enter the diseases, or complications that caused the death. Do not enter 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) <i>Cardiac dysrhythmia - acute</i>		Immature	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <i>Rheumatic Heart Disease</i>		44 years.	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WAS AUTOPSY PROMISE AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19b.	
21a. (1) DID (PERSON) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. DATE SIGNED (MONTH, DAY, YEAR)	
21a. 9/18/92		21b. NO		21c. 9/23/92	
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE (NUMBER)	
<i>Mark D. Brown</i>		8100 S. Western Chicago IL 60620		22d. 36-47710	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		23. BURIAL CREMATION REMOVAL (SPECIFY)		24c. ALSTP. IL	
		24a. BURIAL		24d. SEPT 26, 92	
25a. SMITH & THOMAS FUNERAL HOME INC. 5708 W. MADISON CHICAGO, IL 60644		25b. FUNERAL DIRECTOR'S SIGNATURE		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
<i>Mary Smith</i>				25c. 34011650	
26a. LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
<i>James H. [Signature]</i>		26b. SEP 25 1992			

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