

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. 5 9591331

DEANNA BUNN being duly sworn
states that she resides at 2226 SO. KOSTNER in the City of
CHICAGO

That she was acquainted with RUBEN BUNN
deceased who, at the time of his death, was one of the owners of the land in COOK
County, Illinois, described as:

LOT 10 IN WALTER G. HARVEYS SUBDIVISION OF THE NORTH 682 FEET OF THE
NORTH 2 1/2 ACRES, OF THE EAST 5 ACRES OF THAT PART OF THE NORTHWEST
QUARTER LYING NORTH OF THE SOUTH WESTERN PLANK ROAD (OGDEN AVENUE), IN
SECTION 27 TOWNSHIP 39, NORTH RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY ILLINOIS



P.I. # 16-27-102-050-0000

Doc#: 0331410113
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 11/10/2003 02:02 PM Pg: 1 of 2

That the deceased died MARCH 1, 1997
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 TEN THOUSAND 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.

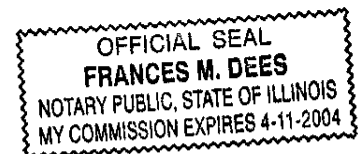
Subscribed and sworn to before me by the said

DEANNA BUNN

this 4th day of October, A.D. 19 2003

Frances M. Dees

Notary Public



Deanna Bunn
(affiant's signature)

Bot 333

MAIL TO!
DEANNA BUNN
2226 S. KOSTNER
CHGO. ILL. 60623.

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OCT 03 2003

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

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 NAME 1 RUBEN MIDDLE LAST RUNN		SEX 2 MALE	DATE OF DEATH (MONTH DAY YEAR) 3 MARCH 2 1997
REGISTRATION DISTRICT NO 16.10	STATE OF ILLINOIS		STATE FILE NUMBER 603983
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
COUNTY OF DEATH 4 COOK	AGE - LAST BIRTHDAY (YRS) 5a 76	UNDER 1 YEAR MCS DAYS	UNDER 1 DAY HOURS MIN
CITY TOWN TWP OR ROAD DISTRICT NUMBER 6a CHICAGO	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT WEATHER GIVE STREET AND NUMBER) 6b MOUNT STANI HOSPITAL MEDICAL CENTER		IF HOSP OR INST INDICATE O U A O P L E M E R P M I N P A T I E N T (SPECIFY) 6c INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 TEXARKANA, ARK.	MARRIED NEVER MARRIED WIDOWED OR DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b DEANNA ALFORD	
SOCIAL SECURITY NUMBER 10 466-12-0413	USUAL OCCUPATION 11a CEMENT FINISHER	KIND OF BUSINESS OR INDUSTRY 11b CONSTRUCTION	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 8
RESIDENCE (STREET AND NUMBER) 13a 2226 S. KOSTNER	CITY TOWN TWP OR ROAD DISTRICT NO 13b CHICAGO	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d COOK
STATE 13e ILLINOIS	ZIP CODE 13f 60623	FACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) 14a BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b X NO YES SPECIFY
FATHER - NAME FIRST MIDDLE LAST 15 ISOM BUNN	MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16 LILLIE CORNELIUS	INFORMANT'S NAME (TYPE OR PRINT) 17a ALICIA MORALIS	
RELATIONSHIP 17b CLEPK		MAILING ADDRESS (STREET AND NO OR R F D CITY OR TOWN STATE ZIP) 17c 1500 SO FAIRFIELD CHGO IL 60608	
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, stroke, 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) RESPIRATORY FAILURE			12 HRS
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) CARDIAC ISCHEMIA			24 HRS
(c) SEPSIS			3 DAYS
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		
DID (X) DID NOT () ATTEND THE DECEASED (MONTH DAY YEAR) 21a 3/1/97		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b YES	HOUR OF DEATH 21c 12:54 A M
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
22a SIGNATURE <i>[Signature]</i> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			ILLINOIS LICENSE NUMBER 22c 125033327
22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23 DR. LUCY BURCIAGA			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL CREMATION REMOVAL (SPECIFY) 24a BURIAL	CEMETERY OR CREMATORY - NAME 24b BURR OAK CEMETERY	LOCATION CITY OR TOWN STATE 24c ALSIP, ILLINOIS	DATE (MONTH DAY YEAR) 24d MARCH 8, 1997
FUNERAL HOME NAME STREET AND NUMBER OR R F D CITY OR TOWN STATE ZIP 25a BIGGS & BIGGS FUNERAL HOME, INC. 3246 W. JACKSON BLBD. CHICAGO, ILL 60624			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 034-011613
FUNERAL DIRECTOR'S SIGNATURE 25b <i>[Signature]</i>			DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) 26b MAR 07 1997
LOCAL REGISTRAR'S SIGNATURE 26a <i>[Signature]</i>			