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Doc#: 0335226047
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 12/18/2003 10:30 AM Pg: 1 of 4

ATS 24546

DECEASED JOINT TENANCY AFFIDAVIT

Property of Cook County Clerk's Office

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK }

Commitment Number: _____

Date: NOV, 26, 2003

CLAUDE BOZEMAN, being duly sworn states that HE resides at 6828 S. EVANSTON CT. in the City of CHICAGO, IL 60637
That HE was acquainted with MINNIE JACKSON deceased who, at the time of HER death, was one of the owners of the land in COOK County, Illinois, described as:

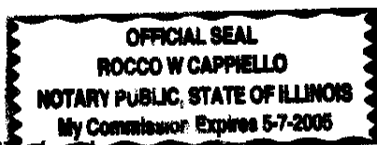
Property Address: 6828 S. EVANSTON, CHICAGO, IL 60637
Pin: 2022308024

That the deceased died 8-15-99, 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 _____.

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 death of the deceased, does not exceed the sum of 25,000 dollars.



Claude Bozeman
Affiant

Subscribed and sworn to before me this 26 day of November, 2000.

[Signature]
Notary Public

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ALTA Commitment 1982 Schedule A

ABSOLUTE TITLE SERVICES, INC.

SCHEDULE A

File No.: 24546

THE SOUTH 30 FEET OF LOT 6 IN BLOK 6 IN LANCASTER'S SUBDIVISION IN THE WEST ½ OF THE SOUTH WEST ¼ OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address of Property (for identification purposes only):

Street: 6828 S. INDIANA
City, State: CHICAGO, Illinois 60637

Pin : 20-22-308-024

**STEWART TITLE
GUARANTY COMPANY**

Schedule A of this Policy consists of 2 page(s)

ISSUED BY: Absolute Title Services, Inc., 2227B Hammond Drive, Schaumburg, Illinois 60173

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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION NO. 16.10

STATE FILE NUMBER

613811

DECEASED-NAME 1. MINNIE P. JACKSON		SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. AUGUST 15, 1999
COUNTY OF DEATH 4. COOK		DATE OF BIRTH (MONTH, DAY, YEAR) 5. SEPTEMBER 6, 1922	IF DECEASED EVER IN U.S. OR ABROAD (SPECIFY) 6c. INPATIENT
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, ILL.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5+)	
SOCIAL SECURITY NUMBER 10. 337-16-2466		KIND OF BUSINESS OR INDUSTRY 11. HOSPITAL	
RESIDENCE (STREET AND NUMBER) 13a. 6828 S. INDIANA AVE.		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO	
STATE 13c. ILLINOIS		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK	
FATHER-NAME FIRST MIDDLE LAST 15. WILLIAM JACKSON SR.		MOTHER-NAME FIRST MIDDLE LAST 16. PINKIE CARLIS	
INFORMANT'S NAME (TYPE OR PRINT) 17a. MURIEL JACKSON		RELATIONSHIP 17b. DAUGHTER	
17c. 6828 S. INDIANA CHICAGO, ILL.		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
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. Immediate Cause (Final disease or condition resulting in death) (a) SERPENS. (b) LUNG CANCER (c) LIVER & BRAIN METASTASES. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. 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. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON 8/14/99.)		MAJOR FINDINGS OF OPERATION 20b. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LER ALIVE ON 8/14/99.)	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ADDED TO THE CAUSE(S) STATED. 21a. SIGNATURE 22a. DR. SATYR RISSAM M.D. 5800 S. STONY ISLAND AVE.		HOUR OF DEATH 21c. 2:51 A. M. DATE SIGNED (MONTH, DAY, YEAR) 22b. 8/16/99 ILLINOIS LICENSE NUMBER 22d. 036-09-5151	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. DR. SATYR RISSAM M.D. 5800 S. STONY ISLAND AVE.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. A. RAYNER & SONS 318 E. 71st STREET CHICAGO ILLINOIS 60619		WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. YES 19b. NO	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CREMATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
CEMETERY OR CREMATORY-NAME 24b. LAKE CREMATORY		CITY OR TOWN 24c. LAKE VILLA ILLINOIS	
FUNERAL HOME 24d. A. RAYNER & SONS 318 E. 71st STREET CHICAGO ILLINOIS 60619		DATE (MONTH, DAY, YEAR) 24e. AUG. 18, 1999	
FUNERAL DIRECTOR'S SIGNATURE PAMELA HAGAN-OWENS		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-008989	
LOCAL REGISTRAR'S SIGNATURE Thekla L. Spivey		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. AUG 17 1999	

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 17 1999

I, THEKA L. SPIVEY, RSM, 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 OBTAINANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.