

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT



Doc#: 0335727180
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 12/23/2003 03:53 PM Pg: 1 of 2

STATE OF ILLINOIS }
COUNTY OF } SS.

Order No. _____

Ralph Turpin being duly
sworn states that I

resides at 9321 S. 81st Court Hickory Hills IL 60457
in the City of Hickory Hills, County of COOK, State of
Illinois.

That Ralph Turpin was acquainted with VISTA TURPIN deceased
who, at the time of Wife death was one of the owners of the land in
Chicago + Cook County, Illinois, legally described as:

P.I.N. 23-02-407-005-000/25-14-102-023-0000
Common Address: 9321 S. 81st Ct Hickory Hills 10549 S. Carolus Chicago

That the deceased died September 22, 2003, as evidenced by a
certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

☒ Leaving no Last Will & Testament.

N/A 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 N/A County, Illinois.

N/A Leaving a Last Will & Testament which was filed in the Unproven Will
box of the Probate Division of the Circuit Court of
N/A County, Illinois about N/A.

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
_____.

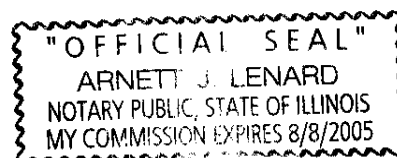
Affiant makes this affidavit for that purpose of inducing
N/A to issue its Title Insurance Policy, describing
the above-mentioned.

Ralph Turpin
AFFIANT

Subscribed and sworn to before me by the said

RALPH TURPIN as affiant
this 23rd day of December, A.D. 2003

Arnett J. Lenard
NOTARY PUBLIC



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 1010 Lake Street Suite 100 Oak Park Illinois 60404
 At Cook County Department of Public Health Official Title Deputy Registrar
 Signed *Madeline McCreary* Date OCT 03 2002

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE
 NUMBER

REGISTRATION DISTRICT NO. 16.0		REGISTERED NUMBER	
DECEASED-NAME		FIRST	MIDDLE
1. COUNTY OF DEATH Vista		Ann	
4. CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER Cook		AGE-LAST BIRTHDAY (YRS) 5a. 52	UNDER 1 DAY MOS. DAYS HOURS MIN. 5b. 52
6a. Oak Lawn		6b. Advocate Christ Medical Center	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Carol, Illinois		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 8a. Married	
7. SOCIAL SECURITY NUMBER 333-56-8181		8b. Ralph Turpin	
10. RESIDENCE (STREET AND NUMBER) 10549 S. Cortiss		11b. Nursing Home	
13a. STATE IL		13b. CITY, TOWN, TWP. OR ROAD/DISTRICT NO. Chicago	
13c. ZIP CODE 60628		13d. COUNTY Cook	
FATHER-NAME David Turner		MOTHER-NAME Louise Jones	
15. INFORMANT'S NAME (TYPE OR PRINT) Andrew Leak		16. MOTHER-NAME Louise Jones	
17a. 18. PART I: Enter the diseases, or complications that, cause 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) Respiratory distress & Asthma exacerbation DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)		17b. 17c. Mailing Address (Street and No. or R.F.D., City or Town, State, ZIP) 7838 S. Cottage Grove Chgo. IL 60619	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		19a. 19b. 19c. 19d. 19e. 19f. 19g. 19h. 19i. 19j. 19k. 19l. 19m. 19n. 19o. 19p. 19q. 19r. 19s. 19t. 19u. 19v. 19w. 19x. 19y. 19z.	
20a. 20b. 20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.		21a. 21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.	
22a. SIGNATURE Leak And Sons Funeral Home		22b. DATE SIGNED 7:59 P. M.	
22c. NAME AND ADDRESS OF CERTIFIER SHAH, SUNIL K. MD		22d. ILLINOIS LICENSE NUMBER 036105759	
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) SHAH, SUNIL K. MD		23. ILLINOIS LICENSE NUMBER	
24a. REMOVAL (SPECIFY) Lakes Crematory		24b. CEMETERY OR CREMATORY-NAME Lakes Crematory	
24c. LOCATION Lake Villa, Illinois		24d. DATE 9/27/02	
25a. FUNERAL HOME Leak And Sons Funeral Home		25b. CITY OR TOWN Chicago, Illinois	
25c. FUNERAL DIRECTOR'S SIGNATURE Leak And Sons Funeral Home		25d. STATE Illinois	
25e. LOCAL REGISTRAR'S SIGNATURE KAREN L. SCOTT, M.D.		25f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-007489	
25g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 26 2002		25h. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 26 2002	