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130135624

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS



Doc#: 0402126312
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 01/21/2004 01:43 PM Pg: 1 of 4

Willie White,
hereby referred to as the affiant, states under
oath that the affiant resides at

3018 W. Cullerton
Chicago
In the City of Chicago,
State of Illinois:

that the affiant was acquainted with
MANNIE Lee White,
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 DESCRIPTION

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 November 27, 1999, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 55,000.00, and that the value of the above property individually was \$ 77,500.00.

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;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

4129

ATGF, INC.
Page 1 of 2
FOR USE IN ALL STATES

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JOINT TENANCY AFFIDAVIT (continued)

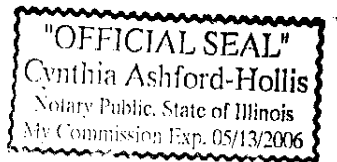
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Mammie Lee white, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

x Willie white (Seal)
 _____ (Seal)

Subscribed and sworn to before me this
5 day of November, 2003
(Month) (Year)

Cynthia Ashford Hollis
(Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Cynthia Ashford Hollis
(Name)
P.O. Box 16619
(Address)
Chicago IL 60616
(City, State, Zip)

Return to:

Willie White
(Name)
3018 W. Cullerton
(Address)
Chicago IL
(City, State, Zip)

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Property of Cook County Clerk's Office

LOT 54 IN WOOD'S LAWNDALE SUBDIVISION BEING A SUBDIVISION OF THAT PART LYING NORTH OF OGDEN AVENUE OF THE EAST 1/2 OF THE WEST 1/2 OF THE WEST 1/2 TOGETHER WITH THE NORTH 265 FEET OF THE WEST 1/2 OF THE WEST 1/2 OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 23, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER: 16-23-408-018

1849 S. Drake, Chicago, IL 60623

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 01 1999

I, SKELLA LYNE, 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 ORDINANCE OF SAID LAW AND ORDINANCES.

Skella Lyne RSM
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER: 619784

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

DECEASED-NAME: **MAMME** FIRST **LEE** MIDDLE **WHITE** LAST

AGE-LAST BIRTHDAY (YRS): 58. 57 5b. UNDER 1 YEAR: 2. UNDER 1 DAY: 1. UNDER 1 HOUR: 5c. DATE OF BIRTH (MONTH DAY YEAR): **Nov. 27, 1942**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** 6a. HOME **3018 W. Cuyamoc** 6b. NAME OF SURVIVING SPOUSE (MOTHER NAME, IF WIFE): **NEVER MARRIED**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **MISS** 7a. MARRIED NEVER MARRIED, WIDOWED DIVORCED (SPECIFY): **NEVER MARRIED** 7b. SOCIAL SECURITY NUMBER: **48-78-3514** 11a. HUSBAND'S SOCIAL SECURITY NUMBER: **3018 W. Cuyamoc** 11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO** 11c. INSIDE CITY (YES/NO): **YES** 13c. COUNTY: **COOK**

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **WHITE** 14a. MIDDLE: **LEE** 14b. LAST: **WHITE** 14c. FIRST: **LEE** 14d. MOTHER-NAME: **GENEVA** 16. MOTHER-NAME: **GENEVA** 16. MIDDLE: **LEE** 16. LAST: **WHITE** 16. FIRST: **LEE** 16. MIDDLE: **LEE** 16. LAST: **WHITE** 16. RELATIONSHIP: **DAUGHTER** 17c. MAILING ADDRESS (STREET AND NO. OR P.O. BOX), CITY OR TOWN, STATE, ZIP CODE: **3018 W. Cuyamoc, Chicago, IL 60651**

FATHER-NAME: **ARTHUR** 17a. MIDDLE: **WHITE** 17b. LAST: **WHITE** 17c. FIRST: **ARTHUR** 17d. MIDDLE: **WHITE** 17e. LAST: **WHITE** 17f. RELATIONSHIP: **FATHER** 17g. MAILING ADDRESS (STREET AND NO. OR P.O. BOX), CITY OR TOWN, STATE, ZIP CODE: **3018 W. Cuyamoc, Chicago, IL 60651**

INFORMANT'S NAME (TYPE OR PRINT): **Willie White** 17a. MIDDLE: **WHITE** 17b. LAST: **WHITE** 17c. FIRST: **ARTHUR** 17d. MIDDLE: **WHITE** 17e. LAST: **WHITE** 17f. RELATIONSHIP: **FATHER** 17g. MAILING ADDRESS (STREET AND NO. OR P.O. BOX), CITY OR TOWN, STATE, ZIP CODE: **3018 W. Cuyamoc, Chicago, IL 60651**

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) Brain metastases**

WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Metabolic non-small cell lung cancer**

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

DATE OF OPERATION, IF ANY: **November 7, 1999** 20b. MAJOR FINDINGS OF OPERATION: **Brain metastases**

20a. (I)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **November 7, 1999** 20c. HOUR OF DEATH: **2:30 A.M.**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND (DATA TO THE CAUSE(S) STATED): **Jeffrey A. Bosman, UIC 840 S. Wood St, Chicago, IL 60651**

22a. SIGNATURE: **Jeffrey A. Bosman** 22b. NAME AND ADDRESS OF CERTIFIER: **Jeffrey A. Bosman, UIC 840 S. Wood St, Chicago, IL 60651**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Jeffrey A. Bosman, UIC 840 S. Wood St, Chicago, IL 60651**

23. BURIAL, CREMATION, REMOVAL OF CORPSE: **FOREST PARK** 24a. CEMETERY, DECEASED'S NAME: **FOREST PARK** 24b. LOCATION: **FOREST PARK** 24c. CITY OR TOWN: **CHICAGO** 24d. STATE: **ILLINOIS** 24e. DATE: **DEC 2, 1999**

25a. FUNERAL HOME: **JENNINGS PEOPLES** 25b. NAME: **JENNINGS PEOPLES** 25c. STREET AND NUMBER OR R.F.D.: **5018 W. Cuyamoc** 25d. CITY OR TOWN: **CHICAGO** 25e. STATE: **ILLINOIS** 25f. ZIP: **60651**

25a. FUNERAL DIRECTOR'S SIGNATURE: **Skella Lyne RSM** 25b. NAME: **Skella Lyne RSM** 25c. STREET AND NUMBER OR R.F.D.: **5018 W. Cuyamoc** 25d. CITY OR TOWN: **CHICAGO** 25e. STATE: **ILLINOIS** 25f. ZIP: **60651**

25b. LOCAL REGISTRAR'S SIGNATURE: **Skella Lyne RSM** 25c. NAME: **Skella Lyne RSM** 25d. STREET AND NUMBER OR R.F.D.: **5018 W. Cuyamoc** 25e. CITY OR TOWN: **CHICAGO** 25f. STATE: **ILLINOIS** 25g. ZIP: **60651**

26a. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR): **DEC 01 1999** 26b. DATE FILED BY CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED: **DEC 01 1999**

26c. ILLINOIS LICENSURE NUMBER: **031008888**

26d. ILLINOIS LICENSURE NUMBER: **031008888**

26e. ILLINOIS LICENSURE NUMBER: **031008888**

26f. ILLINOIS LICENSURE NUMBER: **031008888**

26g. ILLINOIS LICENSURE NUMBER: **031008888**

26h. ILLINOIS LICENSURE NUMBER: **031008888**

26i. ILLINOIS LICENSURE NUMBER: **031008888**

26j. ILLINOIS LICENSURE NUMBER: **031008888**

26k. ILLINOIS LICENSURE NUMBER: **031008888**

26l. ILLINOIS LICENSURE NUMBER: **031008888**

26m. ILLINOIS LICENSURE NUMBER: **031008888**

26n. ILLINOIS LICENSURE NUMBER: **031008888**

26o. ILLINOIS LICENSURE NUMBER: **031008888**

26p. ILLINOIS LICENSURE NUMBER: **031008888**

26q. ILLINOIS LICENSURE NUMBER: **031008888**

26r. ILLINOIS LICENSURE NUMBER: **031008888**

26s. ILLINOIS LICENSURE NUMBER: **031008888**

26t. ILLINOIS LICENSURE NUMBER: **031008888**

26u. ILLINOIS LICENSURE NUMBER: **031008888**

26v. ILLINOIS LICENSURE NUMBER: **031008888**

26w. ILLINOIS LICENSURE NUMBER: **031008888**

26x. ILLINOIS LICENSURE NUMBER: **031008888**

26y. ILLINOIS LICENSURE NUMBER: **031008888**

26z. ILLINOIS LICENSURE NUMBER: **031008888**

BASED ON 1989 U.S. STANDARD CERTIFICATE

Illinois Department of Public Health—Division of Vital Records

VR200 (Rev. 5-89)