

UNOFFICIAL COPY



Doc#: 0402240284
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 01/22/2004 02:46 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)SS
COUNTY OF COOK)

Beatrice Robinson, being duly
sworn states that she resides at

731 E. 89th St
Chicago, IL 60619

L.E. THURMOND, AKA

That she was a daughter of L.E. Thurman, deceased, and he was one of the owners of the land in Cook County, Illinois,
described as:

Legal Description:

Lot 24 in Block 2 in Demarest Subdivision of the Northeast 1/4 of the Southeast 1/4 of Section 18, Township
38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index No: 20-18-406-042-0000

Address: 5948 S. Marshfield, Chicago, Illinois

That the deceased died FEBRUARY 20 1999, as evidenced by a certified copy of the death certificate of the
deceased attached hereto.

That the deceased died not leaving a Last Will & Testament

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 \$300,000.00 (Three
Hundred Thousand and no/100 Dollars).

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

Subscribed and sworn to before me by the said

BEATRICE ROBINSON

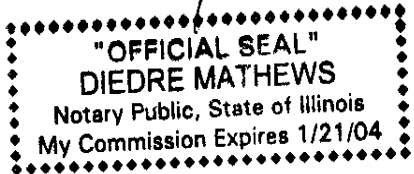
this 31st day of OCTOBER, 2003.

[Signature]

Notary Public

[Signature]

(Affiant's Signature)



STEWART TITLE OF ILLINOIS
2 NORTH LA SALLE STREET, SUITE 1920
CHICAGO, IL 60602

0402240



UNOFFICIAL COPY

BIRTH NO. _____

REGISTRATION DISTRICT NO. **18.10**

REGISTERED NUMBER _____

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **603535**

DECEASED—NAME **LE** FIRST MIDDLE LAST

SEX **2.MALE**

DATE OF DEATH (MONTH, DAY, YEAR) **FEBRUARY 20, 1999**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **THURMOND**

COUNTY OF DEATH **COOK**

AGE—LAST BIRTHDAY (YRS) **75**

DATE OF BIRTH (MONTH, DAY, YEAR) **NOVEMBER 11, 1923**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**

HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **VA WEST SIDE MEDICAL CENTER**

IF HOSP. OR INST. INDICATE D.O.A. (OPER. RM. INPATIENT (SPECIFY)) **INPATIENT**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO**

7. CLARKSDALE, MS.

8a. CHICAGO

8b. VA WEST SIDE MEDICAL CENTER

8c. INPATIENT

8d. NONE

8e. NONE

8f. NONE

8g. NONE

8h. NONE

8i. NONE

8j. NONE

8k. NONE

8l. NONE

8m. NONE

8n. NONE

8o. NONE

8p. NONE

8q. NONE

8r. NONE

8s. NONE

8t. NONE

8u. NONE

8v. NONE

8w. NONE

8x. NONE

8y. NONE

8z. NONE

10. 428 22 1634

11a. LABORER

11b. LABORER

11c. LABORER

11d. LABORER

11e. LABORER

11f. LABORER

11g. LABORER

11h. LABORER

11i. LABORER

11j. LABORER

11k. LABORER

11l. LABORER

11m. LABORER

11n. LABORER

11o. LABORER

11p. LABORER

11q. LABORER

11r. LABORER

11s. LABORER

11t. LABORER

11u. LABORER

11v. LABORER

11w. LABORER

11x. LABORER

11y. LABORER

11z. LABORER

13a. 5948 S. MARSHFIELD

13b. CHICAGO

13c. CHICAGO

13d. CHICAGO

13e. CHICAGO

13f. CHICAGO

13g. CHICAGO

13h. CHICAGO

13i. CHICAGO

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13n. CHICAGO

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13u. CHICAGO

13v. CHICAGO

13w. CHICAGO

13x. CHICAGO

13y. CHICAGO

13z. CHICAGO

15. JAMES THURMOND

16. THURMOND

17a. MARY PHILLIPS

17b. MARY PHILLIPS

17c. MARY PHILLIPS

17d. MARY PHILLIPS

17e. MARY PHILLIPS

17f. MARY PHILLIPS

17g. MARY PHILLIPS

17h. MARY PHILLIPS

17i. MARY PHILLIPS

17j. MARY PHILLIPS

17k. MARY PHILLIPS

17l. MARY PHILLIPS

17m. MARY PHILLIPS

17n. MARY PHILLIPS

17o. MARY PHILLIPS

17p. MARY PHILLIPS

17q. MARY PHILLIPS

17r. MARY PHILLIPS

17s. MARY PHILLIPS

17t. MARY PHILLIPS

17u. MARY PHILLIPS

17v. MARY PHILLIPS

17w. MARY PHILLIPS

17x. MARY PHILLIPS

17y. MARY PHILLIPS

17z. MARY PHILLIPS

18. PART I. Immediate Cause (final disease or condition resulting in death) **CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

(a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

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

DATE OF OPERATION, IF ANY **20b.**

MAJOR FINDINGS OF OPERATION **20c.**

19a. AUTOPSY (YES/NO) **NO**

19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORONER OR MEDICAL EXAMINATION? (YES/NO) **NO**

19c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **YES** **NO**

20a. DATE OF OPERATION, IF ANY **20b.**

20c. MAJOR FINDINGS OF OPERATION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **FEBRUARY 20, 1999**

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **YES**

21c. HOUR OF DEATH **6:22 P. M.**

21d. DATE SIGNED (MONTH, DAY, YEAR) **2/22/99**

21e. ILLINOIS LICENSE NUMBER **PERMIT**

22a. SIGNATURE **DR. JAMIE BERKES**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **DR. JAMIE BERKES M.D. 820 S. DAMEN CHGO, IL. 60680**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

22d. PERMIT

23. BURNAL, CREMATION, REMOVAL (SPECIFY) **23b. GLENWOOD WEST**

23c. CEMETERY OR CREMATORY—NAME **WILLIAMS SPRINGS, IL.**

23d. LOCATION **WILLIAMS SPRINGS, IL.**

23e. CITY OR TOWN **WILLIAMS SPRINGS, IL.**

23f. STATE **IL.**

23g. ZIP **60644**

23h. DATE (MONTH, DAY, YEAR) **FEB. 27, 1999**

24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO**

24b. SOCIAL SECURITY NUMBER **60644**

24c. USUAL OCCUPATION **LABORER**

24d. KIND OF BUSINESS OR INDUSTRY **GENERAL**

24e. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12**

24f. INSIDE CITY (YES/NO) **YES**

24g. COUNTY **COOK**

24h. DATE OF BIRTH (MONTH, DAY, YEAR) **NOVEMBER 11, 1923**

24i. IF HOSP. OR INST. INDICATE D.O.A. (OPER. RM. INPATIENT (SPECIFY)) **INPATIENT**

24j. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **NO**

24k. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12**

24l. INSIDE CITY (YES/NO) **YES**

24m. COUNTY **COOK**

24n. DATE OF BIRTH (MONTH, DAY, YEAR) **NOVEMBER 11, 1923**

24o. IF HOSP. OR INST. INDICATE D.O.A. (OPER. RM. INPATIENT (SPECIFY)) **INPATIENT**

24p. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **NO**

25a. FUNERAL DIRECTOR'S SIGNATURE **EMANUEL S CHAPEL**

25b. LOCAL REGISTRAR'S SIGNATURE **EMANUEL S CHAPEL**

25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **FEB 25 1999**

25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014456**

25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **FEB 25 1999**

25f. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-014456**

SEP 19 2003

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, JOHN L. WILHELM M.D., 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.

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.