



STATE OF ILLINOIS
COUNTY OF Cook } SS.

Doc#: 0404948041
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 02/18/2004 10:41 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

Larry Wood, hereinafter referred to as the affiant, states under oath that the affiant resides at 4846 W. Butterfield Rd. in the City of Bellwood, Illinois; that the affiant was acquainted with Maudine Wood, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County County, Illinois, and legally described as follows:

That 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:

That the decedent died on April 5, 2002, leaving no/a last will and testament:

That the total value of decedent's estate, including the taxable interest in the above property was \$ 120,000.

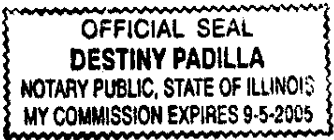
and that the value of the above property individually was \$ 120,000.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full:

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

The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold **Attorneys' Title Guaranty Fund, Inc.** harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which the Fund 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 Maudine Wood, the decedent;
- 2) Illinois State Inheritance Tax and Federal Estate Tax which may be charged against the estate of said decedent;
- 3) Legacies, if any, created by the will of said decedent;
- 4) Rights to contribution.



Larry Wood (Seal)

(Seal)

Subscribed and Sworn to before me
this 25 day of November, 192002.

Destiny Padilla
Notary Public

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

UNOFFICIAL COPY

Property of Cook County Clerk's Office

Legal Description:

The South 40 Feet of The North 80 Feet of Lot 10 In Second Addition to Broadview Estates in The West 1/2 of Section 15, Township 39 North, Range 12, East of The Third Principal Meridian, In Cook County, Illinois.

Permanent Real Index Number(s): 15-15-121-012-0000 (Volume 165)

Address of Real Estate: 1102 S. 22nd Ave., Bellwood, IL 60104.

DATED this 7th day of October, 2003

Please Print *Larry Wood* (SEAL)
Larry Wood

This Instrument was prepared by Jeffrey S. Harris, 1701 S. 1st Ave., Maywood, IL 60153 708-344-4567

Exempt under Real Estate Transfer Tax Act Sec. 4
Par 5 & Cook County Ord. 95104 Par 4
Date 2-18-04 Sign *D. P. Harris*

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Certified Copy of a Death Record
UNOFFICIAL COPY

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.92</u>	STATE OF ILLINOIS			SEX <u>2.FEMALE</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>3. APRIL 05, 2002</u>
	REGISTERED NUMBER <u>433</u>	MEDICAL CERTIFICATE OF DEATH				
Print in Permanent Ink for Directors, or Physicians book for Instructions	DECEASED-NAME FIRST MIDDLE LAST <u>1. MAUDINE WOOD</u>		AGE-LAST BIRTHDAY (YRS) 5a. <u>64</u>		UNDER 1 YEAR 5b. <u> </u> DAYS	UNDER 1 DAY 5c. <u> </u> HOURS <u> </u> MIN
	COUNTY OF DEATH <u>4. COOK</u>		DATE OF BIRTH (MONTH, DAY, YEAR) <u>5d. NOVEMBER 07, 1937</u>		IF HOSPITAL OR INST. INDICATE D.O.A. OR EMER. IM. INPATIENT (SPECIFY) <u>6d Inpatient</u>	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>6a. PROVISO TOWNSHIP</u>		HOSPITAL OR OTHER INSTITUTION: NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>6b. FOSTER G. MCGAW HOSPITAL</u>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>8b. Grover Wood</u>	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>7. Lineville, Ala.</u>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>8a. Married</u>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <u>12. 12</u>	
CEASED	SOCIAL SECURITY NUMBER <u>10. 421-50-7585</u>		USUAL OCCUPATION <u>11a. Nurse</u>		KIND OF BUSINESS OR INDUSTRY <u>11b. Hospital</u>	
	RESIDENCE (STREET AND NUMBER) <u>13a. 1102 22nd</u>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>13b. Bellwood</u>		INSIDE CITY (YES/NO) <u>13c. Yes</u>	
	STATE <u>13e. Illinois</u>		ZIP CODE <u>60153</u>		RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) <u>14a. Black</u>	
	FATHER-NAME FIRST MIDDLE LAST <u>15. Horace Tucker</u>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <u>16. Lula Hardnett</u>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <u>14b. X NO</u>	
PARENTS	INFORMANT'S NAME (TYPE OR PRINT) <u>17a. ANNA SCORNAVACCO</u>		RELATIONSHIP <u>17b. RECORDS</u>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <u>17c. 2160 S. FIRST AV. MAYWOOD, IL, 60153</u>	
	DATE OF OPERATION, IF ANY <u>20a. </u>		MAJOR FINDINGS OF OPERATION <u>20b. </u>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <u>20c. YES [] NO []</u>	
	1. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <u>21a. 4-4-2002</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <u>21b. NO</u>		HOUR OF DEATH <u>21c. 11:30 A.M.</u>	
	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <u>22a. SIGNATURE: [Signature] Bean D.O.</u>		DATE SIGNED (MONTH, DAY, YEAR) <u>22b. 4-8-02</u>		ILLINOIS LICENSE NUMBER <u>22d. 125-042688</u>	
CAUSE	PART I. Enter the diseases, if complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line. <u>(a) Sepsis - Shock 2° Unknown Source</u>		DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	<u>(b) Acute Renal Failure</u>		DUE TO, OR AS A CONSEQUENCE OF			
	<u>(c) </u>		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. <u>23. Dr. Forsythe</u>		AUTOPSY (YES/NO) <u>19a. Yes</u>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. <u>19b. </u>	
CERTIFIER	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>2160 S. FIRST AV. MAYWOOD, IL, 60153</u>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <u>Dr. Forsythe</u>		DATE (MONTH, DAY, YEAR) <u>24d. Apr. 13, 2002</u>	
	BURIAL, CREMATION, REMOVAL (SPECIFY) <u>24a. Burial</u>		CEMETERY OR CREMATORY-NAME <u>24b. Oakridge</u>		LOCATION CITY OR TOWN STATE <u>24c. Hillside Illinois</u>	
	FUNERAL HOME <u>25a. A.A. Rayner & Sons 5911 W. Madison Street Chicago, Illinois 60614</u>		FUNERAL DIRECTOR'S SIGNATURE <u>25b. [Signature] D. Brown</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <u>25c. 031009354</u>	
	LOCAL REGISTRAR'S SIGNATURE <u>26a. [Signature] Michael A. McDermott</u>		BROADVIEW ILLINOIS 60155		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <u>26b. April 9, 2002</u>	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE APR 09 2002 SIGNED Michael A. McDermott
 AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATIST

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the fact.