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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



0405711065

Doc#: 0405711065
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 02/28/2004 11:10 AM Pg: 1 of 3

NO ABS

State of Illinois)
County of COOK) ss.

Order No. SA5292049

Thomas E. Kmiecik, being duly sworn states that he resides at 2219 W. North Avenue, Chicago, IL 60647,

3

That he was acquainted with John R. Mullen, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

1 OF 4

LOT 8 IN BLOCK 1 IN H. B. BOGUE'S SUBDIVISION OF BLOCKS 1, 2, 4 AND 5 IN WATSON, TOWER AND DAVIS SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

That the deceased died January 31, 1999, as evidenced by a certified copy of death certificate of the deceased attached hereto

SA5292049

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 Cook County, IL
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 the death of the deceased, does not exceed the sum of Fifty Thousand dollars.

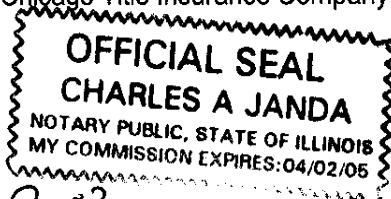
CTIC

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

Subscribed and sworn to before me by the said Affiant

SH2

this 11 day of December, A.D. 2003



Charles Janda
Notary Public

BOX 333-CTI

(affiant's signature)

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 6002332

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 7 1999

DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JOHN	ROBERT	MULLEN	2. MALE	3. JANUARY 3, 1999	
COUNTY OF DEATH	AGE-LAST BIRTHDAY (Y/M/S)	UNDER 1 YEAR	1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK	5a. 43	5b. 43	5c. 54	MAY 17, 1955	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION, NAME IF NOT NEITHER, AND STREET AND NUMBER		6c. IF HOSP. OR INST. INDICATE DO A OPERM. RM. INPATIENT (SPECIFY)		
6a. CHICAGO	2219 W. NORTH AVENUE		6c.		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SP. OR DIV.)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7. EAST ST. LOUIS, IL	8a. NEVER MARRIED	NONE		9. NO	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPL. ETC. Elementary/Secondary/6-12)	College (1-4 or 5+)	
10. 358-40-4438	11a. SALES MANAGER	11b. TEXTILES	12. 12	4	
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	13c. YES	13d. COOK	
13a. 2219 W. NORTH AVENUE	CHICAGO	13c. YES	13d. COOK		
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY))	OR HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13a. ILLINOIS	131. 60647	14a. WHITE	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME	FIRST MIDDLE LAST	MOTHER-NAME	FIRST MIDDLE LAST	16. (MAIDEN) LAST	
39a. JOHN	BRUMMER	MARGARET	HARRIS		
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
7a. THOMAS KMIECIC	17b. FRIEND	17c. 2219 W. NORTH AVE CHICAGO, IL 60617			

Information pertaining to the cause of death is prohibited from disclosure due to the confidentiality of laws of Illinois.

18. (M.D.) DID YOU ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	(MONTH, DAY, YEAR)	19. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	20. HOUR OF DEATH
18a. 12-1-1998	12-1-1998	19. NO	20. 1:45 PM, M.
21. OF THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
22a. SIGNATURE	(TYPE OR PRINT)	22b. DATE SIGNED	(MONTH, DAY, YEAR)
22a. <i>[Signature]</i>	22b. 1/4/99	22c. ILLINOIS LICENSE NUMBER	22d. 36 57081
23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			
23. <i>[Signature]</i> 533 <i>[Address]</i>			
23. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT)			
23. <i>[Signature]</i> <i>[Address]</i>			
24a. CREMATION REMOVAL (SPECIFY)	24b. FOREST CREMATORY	24c. ROMEVILLE, ILLINOIS	24d. 1-7-99
24a. FOREST CREMATORY	24b. FOREST CREMATORY	24c. ROMEVILLE, ILLINOIS	24d. 1-7-99
25a. CREMATION SOCIETY OF IL 736 W. ADDISON ST CHICAGO, IL 60631		25b. GERALD SULLIVAN	
25a. CREMATION SOCIETY OF IL 736 W. ADDISON ST CHICAGO, IL 60631		25b. GERALD SULLIVAN	
25c. 034-011165		25d. 1-7-99	
25c. 034-011165		25d. 1-7-99	
26a. <i>[Signature]</i>		26b. JAN 7 1999	
26a. <i>[Signature]</i>		26b. JAN 7 1999	



CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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LEGAL DESCRIPTION

LOT 8 IN BLOCK 1 IN H. B. BOGUE'S SUBDIVISION OF BLOCKS 1, 2, 4 AND 5 IN WATSON, TOWER AND DAVIS SUBDIVISION OF THE WEST ½ OF THE NORTHWEST ¼ OF SECTION 6, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office