

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT O'CONNOR TITLE COMPANY

State of Illinois)  
 ) S.S.  
County of Cook)



Doc#: 0408641207  
Eugene "Gene" Moore Fee: \$46.00  
Cook County Recorder of Deeds  
Date: 03/26/2004 12:34 PM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

Patricia M. Mann being duly sworn states that  
She resides at 1706 W. 100<sup>th</sup> Place, Chicago, Cook County, IL 60643

That She was acquainted with Cressent J. Mann, Jr.  
Deceased who, at the time of His death, was one of the owners of the land in  
COOK County, Illinois, described as:

The West half of Lot 6 in Axtell and Braun's Subdivision of Lots 6 and 7 in Block 4  
in Washington Heights according to the Plat thereof recorded July 8, 1884 as  
Document 558785 in Book 19 of plats Page 25 in Section 7, Township 37 North,  
Range 14, East of the Third Principal Meridian, in Cook County, Illinois

P.I.N #25-07-410-035

That the deceased died \_\_\_\_\_, as evidenced by a Certified Copy of Death  
Certificate of the deceased attached hereto.

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 \_\_\_\_\_ County, Illinois.

Leaving a Last Will & Testament, which was filed, in the Unproven Will  
Box of the Probate Division of the Circuit Court of \_\_\_\_\_.

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 \$ \_\_\_\_\_  
Dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index  
to issue its Title Insurance Policy describing the above-mentioned property.

Subscribed and sworn to before me by the said:

Patricia M. Mann

BOX 162  
this 8th day of March A.D. 2004

Kathryn E Morici  
Notary Public



Patricia M Mann  
Patricia M. Mann

O'Connor Title  
Services, Inc.

# 4086-0054

# UNOFFICIAL COPY

STATE FILE NUMBER

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33	DATE OF DEATH (MONTH, DAY, YEAR) 3. JANUARY 7, 1998	SEX MALE	LAST MANN	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. April 28, 1936	IF HOSP. OR INST. INDICATE D.O.A. OR OTHER F.M.I. INPATIENT (SPECIFY) 6c. INPATIENT
REGISTERED NUMBER 24					
DECEASED-NAME FIRST MIDDLE LAST CRESSENT J. MANN					
1. COUNTY OF DEATH 4. COOK		AGE-LAST BIRTHDAY (YRS) 5a. 61		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. April 28, 1936	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. EVERGREEN PARK		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Patricia M. Barry	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Chicago, IL		USUAL OCCUPATION 11a. Police Officer		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-7) 9. 1	
SOCIAL SECURITY NUMBER 10. 346-26-5621		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 11b. City of Chicago		INSIDE CITY (YES/NO) 13c. YES	
RESIDENCE (STREET AND NUMBER) 13a. 1706 WEST 100TH PLACE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		COUNTY 13d. COOK	
STATE ILLINOIS 13f. 60643		MOTHER-MAIDEN FIRST MIDDLE LAST Mann, Sr. Pearl		SPECIFY: 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
FATHER-NAME FIRST MIDDLE LAST Cressent J.		MANN (MAIDEN) LAST Spangelo			
15. INFORMANT'S NAME (TYPE OR PRINT) EVA TOLBERT/CLERK		ADDRESS (STREET, CITY OR TOWN, STATE, ZIP) 17b. RECORDS 17c. EVERGREEN PARK, ILLINOIS 60805		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
17a. 18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) Ruptured Aortic Abdominal Aneurysm		DUE TO, OR AS A CONSEQUENCE OF (b) HYPERTENSION			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c) HYPERTENSION		DUE TO, OR AS A CONSEQUENCE OF (b) HYPERTENSION			
PART II. Other significant conditions contributing to death but not rest. (c) HYPERTENSION		DUE TO, OR AS A CONSEQUENCE OF (b) HYPERTENSION			
DATE OF OPERATION, IF ANY 20a. 1/7/98		MAJOR FINDINGS OF OPERATION 20b. Ruptured Aortic Aneurysm		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
17b. 17c. RECORDS 17c. EVERGREEN PARK, ILLINOIS 60805		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 3:10 P. M.	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE 22b. DATE SIGNED 1/8/98		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	
NAME AND ADDRESS OF CERTIFIER 22c. Samira Akhtar Evergreen Park, Ill Little Company Mary.		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23. DR JOHN KELSEY		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	
BURIAL CREMATION, REMOVAL (SPECIFY) 24a. Burial		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	
FUNERAL HOME 25a. Blake-Lamb Funeral Home 4727 W. 103rd Street Oak Lawn IL 60453		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	
FUNERAL DIRECTOR'S SIGNATURE 25b. Annmarie Jones		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	
LOCAL REGISTRAR'S SIGNATURE 26a. Annmarie Jones		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. January 9, 1998		CITY OR TOWN 24c. Evergreen Park, Illinois		STATE 24d. IL	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE JANUARY 9, 1998  
 AT EVERGREEN PARK, ILLINOIS



REGISTRAR Annmarie Jones  
 DEPUTY REGISTRAR \_\_\_\_\_