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Doc#: 0416149163
Eugene "Gene" Moore Fee: \$32.00
Cook County Recorder of Deeds
Date: 06/09/2004 03:14 PM Pg: 1 of 5

PREPARED BY & RETURN TO:

Steven M. Shaykin
Steven M. Shaykin, P.C.
2227 A Hammond Drive
Schaumburg, IL 60173

Property of *Deceased*
JOINT TENANCY AFFIDAVIT
Cook County Clerk's Office

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STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

DECEASED

JOINT TENANCY AFFIDAVIT

DIANE M. SMITH, hereinafter referred to as the affiant, states under oath that the affiant resides at 3243 W. Hirsch Street, in the City of Chicago, Illinois; that the affiant was acquainted with CARRIE B. OWENS, 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, Illinois, and legally described as follows:

SEE LEGAL DESCRIPTION ATTACHED HERETO.

P.I.N. 16-02-219-007-0000

COMMONLY KNOWN AS 3243 W. Hirsch Street, Chicago, IL 60651

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 7-31-03, leaving no/a last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 0 and that the value of the above property individually was \$ 0.

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

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That the affiant makes this affidavit to induce Absolute Title Services, Inc., to issue its policy of title insurance on the above described property.

That affiant hereby covenants and agrees for himself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Absolute Title Services, Inc., harmless and to reimburse Absolute Title Services, Inc., for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which Absolute Title Services, Inc., 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 CARRIE OWENS, 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.

Diane M Smith (SEAL)

 DIANE M. SMITH

SUBSCRIBED AND SWORN TO
 before me this 11 day
 of April, 2004

Jennifer L Roscop
 Notary Public



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LEGAL DESCRIPTION

LOT 33 IN BLOCK 1 IN WEAGE, EBERHARDT AND BARTLETT'S SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF SECTION 2, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 16-02-219-007-0000

Address of Real Estate: 3243 W. Hirsch Street, Chicago, IL 60651

Property of Cook County Clerk's Office

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

AUG 01 2003

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, M.D.
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME FIRST Carrie MIDDLE B. LAST Owens SEX female DATE OF DEATH (MONTH, DAY, YEAR) 3 July 31, 2003

2. COUNTY OF DEATH Cook **3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER** Chicago **4. AGE-LAST BIRTHDAY (YRS)** 62 **5. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)** 3243 W. Hirsch, Chicago, IL **6. IF HOSP. OR INST. INDICATE D.O.A. (OPERMER, RM, INPATIENT) (SPECIFY)** Home

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago **8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)** Divorced **9. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)** none **10. SOCIAL SECURITY NUMBER** 249-68-1326 **11. USUAL OCCUPATION** Registered Nurse **12. KIND OF BUSINESS OR INDUSTRY** Hospital **13. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)** Elementary/Secondary (9-12) **14. INSIDE CITY (YES/NO)** Yes **15. COUNTY** Cook

16. RESIDENCE (SHEET AND NUMBER) 3243 W. Hirsch **17. CITY, TOWN, TWP. OR ROAD DISTRICT NO.** Chicago **18. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PORTO RICAN, etc.)** no **19. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)** no

20. STATE Illinois **21. ZIP CODE** 60651 **22. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)** Black **23. MOTHER-NAME** Ruth **24. FATHER-NAME** Gilbert Owens, Sr. **25. RELATIONSHIP** daughter **26. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)** 3243 W. Hirsch, Chicago, IL 60651

27. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cerebrovascular Accident
28. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (a) Hypertension (b) Chronic Renal Failure
29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Cardiomyopathy, Peripheral Artery Disease

30. DATE OF OPERATION, IF ANY June 14, 2003 **31. MAJOR FINDINGS OF OPERATION** Cardiomyopathy, Peripheral Artery Disease

32. (DD) (DD) (DD) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON June 14, 2003 **33. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)** Yes **34. HOUR OF DEATH** 4:40 A.M. **35. DATE SIGNED (MONTH, DAY, YEAR)** July 31, 2003 **36. ILLINOIS LICENSE NUMBER** 036-093853

37. SIGNATURE John L. Wilhelm, M.D. **38. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)** John L. Wilhelm, M.D., 2233 W. Division St., Chicago, IL **39. ILLINOIS LICENSE NUMBER** 036-093853

40. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) John L. Wilhelm, M.D. **41. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.**

42. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial **43. CEMETERY OR CREMATORY-NAME** Burr Oak **44. LOCATION** Alsip, IL **45. DATE (MONTH, DAY, YEAR)** Aug 4, 2003

46. FUNERAL HOME Alvarez Funeral Directors, P.C., 2500 N. Cicero Ave., Chicago, Illinois 60639 **47. FUNERAL DIRECTOR'S SIGNATURE** Susan Alvarez **48. ILLINOIS LICENSE NUMBER** 034-011737

49. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D. **50. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)** AUG 01 2003