

UNOFFICIAL COPY



0417505296

Doc#: 0417505296
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 06/23/2004 03:03 PM Pg: 1 of 4

Property of Cook County Clerk's Office

STEWART TITLE OF ILLINOIS
2 N. LA Salle STREET
SUITE 1820
CHICAGO, IL 60602

**DECEASED JOINT
TENANCY
AFFIDAVIT**

HMN

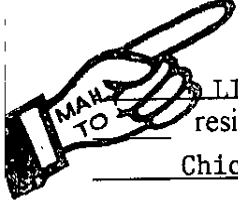


UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of COOK) ss.
)

Order No. _____



Lillie M. Gee being duly sworn states that
resides at 10739 South Wabash Chicago, Illinois in the City of
Chicago

That She was acquainted with Bobby G. Smith
deceased who, at the time of his death, was one of the owners of the land in
10739 S. Wabash COOK County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died February 27 2004, 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 _____ 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 \$50,000.00 dollars.

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

Subscribed and sworn to before me by the said

Lillie M. Gee

this 9th day of June, A.D. 2004

[Signature]

Notary Public



Lillie M. Gee

(affiant's signature)

511 888 888

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

UNOFFICIAL COPY

EXHIBIT "A"

LEGAL DESCRIPTION

LOT 5 IN VAN WIDEN'S SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 10739 South Wabash Chicago, IL 60628

P.I.N.: 25-15-301-014-0000

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAR 2 2004

JOHN 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16.1U**

DECEASED-NAME: **BOBBY SMITH G.** SEX: **2 MALE** DATE OF DEATH: **3. FEBRUARY 27, 2004**

CITY OF DEATH: **CHICAGO** DATE OF BIRTH: **5d. JANUARY 5, 1940**

AGE-LAST BIRTHDAY (YRS): **5a. 64** HOURS: **5c.** MIN: **5d.**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **6b. TRINITY HOSPITAL**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. COFFEYVILLE, MS**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8b. NEVER MARRIED**

USUAL OCCUPATION: **11a. SORTER**

RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **14a. BLACK**

RELATIONSHIP: **17b. NIECE**

MOTHER-NAME FIRST MIDDLE LAST: **14b. NO**

FATHER-NAME FIRST MIDDLE LAST: **15. CLEMMIE SMITH**

ZIP CODE: **13a. 10739 S. WABASH**

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP): **17c. 964 STUART DR. BARLETT HILL, 60103**

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 12th**

INSIDE CITY (YES/NO): **13c. YES**

COUNTY: **13d. COOK**

IMMEDIATE CAUSE (Final disease or condition resulting in death): **(a) Cardiac arrhythmia**

WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST: **(b) Severe coronary artery disease**

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: **(c) Calcified aortic valve**

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

MAJOR FINDINGS OF OPERATION: **Calcified aortic valve**

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

WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **19a. YES**

IF FEMALE, WAS THERE PREGNANCY IN PAST THREE MONTHS?: **19b. YES**

DATE SIGNED: **21c. 9:44a.** MONTH: **2** DAY: **27** YEAR: **2004**

ILLINOIS LICENSE NUMBER: **22d. 26-052465**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22a. James Bryant M.D. 1054 Adams Chicago**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **22c. James Bryant M.D. 1054 Adams Chicago**

CEMETERY OR CREMATORY-NAME: **24a. BIRIAL LOCAL CEMETERY**

STREET AND NUMBER OR R.F.D.: **24c. COFFEYVILLE MISSISSIPPI**

CITY OR TOWN: **CHICAGO** STATE: **ILLINOIS**

FUNERAL HOME: **25a. DOTY NASH FUNERAL HOME**

STREET AND NUMBER OR R.F.D.: **8620 S. STONY ISLAND**

CITY OR TOWN: **CHICAGO** STATE: **ILLINOIS**

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 034-015554**

FUNERAL DIRECTOR'S SIGNATURE: **25b. CARNEAL OWENS**

LOCAL REGISTRAR'S SIGNATURE: **John A. Wilhelm, M.D.**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. MAR 2 2004**