



Doc#: 0418826118
Eugene "Gene" Moore Fee: \$54.00
Cook County Recorder of Deeds
Date: 07/08/2004 10:48 AM Pg: 1 of 4

State of Illinois)
County of Cook)

DECEASED JOINT TENANCY AFFIDAVIT

KEVIN D. WINTERS, (Affiant) being duly sworn upon states:

1/3
B19303

- 1. That the Affiant resides at 2847 W. Warren, Chicago, IL
- 2. That the Affiant was acquainted with YOLANDA M. WINTERS (Decedent) who, at the time of death, was one of the owners of the land, by virtue of a properly recorded joint tenancy deed, said property being located in Cook County, Illinois, commonly known as 2847 West Warren Boulevard, Chicago, and legally described as:

LOT 19 IN BLOCK 2 IN LARNED'S SUBDIVISION OF BLOCK 28 IN LEE AND OTHERS SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

- 3. That the Decedent died on November 9, 2001 in Chicago, State of ILLINOIS. (Attach copy of death certificate).
- 4. That the Decedent died leaving (a/) Will. (Attach copy of Will, if applicable).

- 5. That the total value of the estate of the Decedent, including both real and personal property owned by the Decedent, either individually or in joint tenancy, at the time of death of the Decedent, does not exceed the sum of \$260,000.00.

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That the Federal Estate Tax (has/~~has not~~) been paid, that the Illinois Inheritance Tax (has/~~has not been paid~~); and that no (Federal Estate Tax/Illinois Inheritance Tax) is due.

That 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.

- 8. That the Affiant makes this Affidavit to induce Attorneys' Title Guaranty Fund, Inc. ("ATG") to issue its policy of title insurance number 040730000008 and with knowledge that ATG will rely on the representations made and contained herein to insure title.
- 9. That the Affiant hereby covenants and agrees, individually, and for the Affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of


ATG Search
33 N. Dearborn
#650
Chicago, Illinois 60602

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the issuance of said policy free and clear of the following objections:

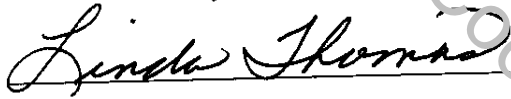
1. Claims against the estate of YOLANDA M. WINTERS (Decedent).
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said Decedent.
3. Legacies, if any, created by the Will of said Decedent.
4. Rights of contribution.

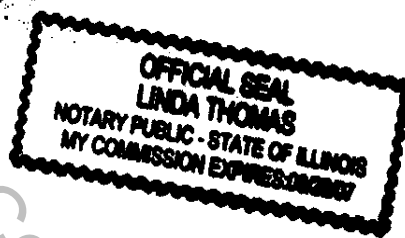
FURTHER AFFIANT SAYETH NOT.



 KEVIN D. WINTERS

Subscribed and sworn to before me, this
3 day of June, 2004





Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS

STATE FILE NUMBER **617839**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **Yolanda Winters** FIRST MIDDLE LAST

SEX **Female**

DATE OF BIRTH **April 20, 1968**

DATE OF DEATH **Nov. 9, 2001**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**

HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER GIVE STREET AND NUMBER) **Rush-Pres-St. Luke's Medical Center**

IF HOSP. OR INST. INDICATE D.O.A. OR OTHER (SPECIFY) **Cardiac Arrest**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, IL**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married**

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Kevin Winters**

SOCIAL SECURITY NUMBER **10. 359 62 3637**

USUAL OCCUPATION **CFO**

KIND OF BUSINESS OR INDUSTRY **Orthopedic Midwest**

EDUCATION (SPECIFY ON Y.HIGHEST GRADE COMPLETED) **12. 12**

RESIDENCE (STREET AND NUMBER) **2847 W. Warren**

CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago**

INSIDE CITY (YES/NO) **Yes**

COUNTY **Cook**

FATHER-NAME **James Redmond** FIRST MIDDLE LAST

MOTHER-NAME **Velvet Bosley** FIRST MIDDLE LAST

RELATIONSHIP **17b. Husband**

MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **17c. 2847 W. Warren, Chicago, Illinois**

18. PART I. Immediate Cause (Final Cause or condition resulting in death) **(a) Metastatic Breast Cancer**

Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, or self-shock, or heart failure. List only one cause on each line.

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST. **(b) DUE TO OR AS A CONSEQUENCE OF (c)**

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY **20b. 19a. NO**

MAJOR FINDINGS OF OPERATION **19b. NO**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **20c. YES**

20a. (IF DID NOT ATTEND THE DECEASED) **NO**

20b. (IF DID NOT ATTEND THE DECEASED) **NO**

20c. (IF DID NOT ATTEND THE DECEASED) **NO**

21. SIGNATURE **William T. Cobleigh**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Dr. William T. Cobleigh 1653 W. Congress Pkwy Chg. IL 60612**

ILLINOIS LICENSE NUMBER **22b. 36058921**

22. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) **Dr. Melody Cobleigh**

DATE SIGNED **21c. 9:45 P**

DATE SIGNED **22b. Nov. 10, 2001**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **24b. Oakridge Cemetery**

CEMETERY OR CREMATORY-NAME **24c. Hillside, Illinois**

LOCATION **24d. Nov 16, 2001**

24a. FUNERAL HOME **UNIQUE FUNERAL HOME**

STREET AND NUMBER OR R.F.D. **3425 W. Chicago Ave., Chicago, Illinois**

CITY OR TOWN **Chicago, Illinois**

STATE **Illinois**

DATE **24d. Nov 16, 2001**

25a. FUNERAL DIRECTOR'S SIGNATURE **John A. Wilhelm, M.D.**

ILLINOIS LICENSE NUMBER **0 9712**

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 14 2001**

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

STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

SEP 27 2002

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, STILL BIRTHS 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

John A. Wilhelm, M.D.

LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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EXHIBIT A

LOT 19 IN BLOCK 2 IN LARNED'S SUBDIVISION OF BLOCK 28 IN LEE AND OTHERS SUBDIVISION IN THE SOUTHWEST 1/4 OF SECTION 12, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 2847 West Warren Blvd, Chicago, Illinois 60612

Permanent Index No: 16-12-331-008-0000

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