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Deceased Joint Tenant Affidavit

Doc#: 0420517002
Eugene "Gene" Moore Fee: \$50.50
Cook County Recorder of Deeds
Date: 07/23/2004 07:47 AM Pg: 1 of 3

State of Illinois)

County of COOK)

Linda S Whitfield Being duly sworn states that he/she resides
(AFFIANT)
1925 N Normandy in the City of Elmhurst Park 60707

That he/she was acquainted with ETHEL MAY JONES deceased, who at the
time of his/her death, was one of the owners of the land in COOK County, IL
described as:

See Exhibit "A" attached hereto and make a part hereof

That the deceased died on 3-31-1998, _____, as evidenced by a
certified copy of the death certificate of the deceased attached hereto.

That the deceased died: NO leaving no Last Will & Testament

NO Leaving a Will & Testament a copy of
which is attached hereto. The original unproved will, should be filed with the Clerk of the
Probate Division of the Circuit Court of _____ County, IL.

_____ Leaving a Last Will & Testament which
was filed in the Unproved Will Box of the Probate Division of the Circuit Court of _____
County, IL, about the date of NO

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 \$ _____.

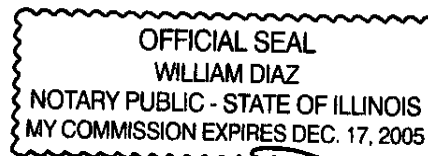
Affiant makes this affidavit for the purpose of inducing Title Company of America, Inc./ Lawyers
Title Insurance Corporation, to issue its Title Insurance Policy, describing the above mentioned
property.

Linda S. Whitfield
(AFFIANT)

Subscribed and sworn to before me this

6-24-04 Day of

_____, 2002



[Signature]
NOTARY PUBLIC

SN
P3
SN
my
J.M.

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CERTIFICATION OF VITAL RECORD

OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.24	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER 229			
DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)			
1. Ethel Mae Jones 2. Female 3. March 31, 1998			
COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)			
4. Cook 5a. 62 5b. 5c. 5d. August 1, 1934			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O. OF ADM. INPATIENT (SPECIFY)			
6a. Oak Park 6b. West Suburban Hospital 6c. Inpatient			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN ARMED FORCES? (YES/NO)			
7. Clarkdale MS 8a. Married 8b. Lovell Ellis 9. NO			
SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONE) HIGHEST GRADE COMPLETED			
10. 428-68-3053 11a. Laborer 11b. General 12. 11 13. 0			
RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY			
13a. 1925 N Normandy 13b. Chicago 13c. Yes 13d. Cook			
STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)			
13e. Illinois 13f. 60707 14a. Black 14b. NO YES SPECIFY:			
FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (MAIDEN) LAST			
15. Jessie Knight 16. Lee Ethel Turner			
INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP)			
17a. Matthew Laitala 17b. Records Erie at Austin, Oak Park, IL, 60140			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Immediate Cause (Final disease or condition resulting in death) (a) Cerebral anoxia 2 Hours			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) ventricular arrhythmia 6 Hours			
CAUSE STATING THE UNDERLYING CAUSE LAST (c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
Diabetes mellitus.			
DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION			
20a. N/A 20b.			
(IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH			
21a. March 30, 1998 21b. Yes 21c. 1:30			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
DATE SIGNED (MONTH, DAY, YEAR)			
22a. SIGNATURE 22b. March 31, 1998			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER			
22c. 22d. 036-070083			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23.			
BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)			
24a. Burial 24b. Lincoln Cemetery 24c. Chicago, IL 24d. April 3, 1998			
FUNERAL HOME NAME STREET AND NUMBER (OR R.F.D.) CITY OR TOWN STATE ZIP			
25a. Gatling's Chapel Inc, 10133 S. Halsted St. Chicago, IL 60628			
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. 25c. 034-014948			
LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. 26b. APR 02 1998			

DATE ISSUED

APR 02 1998

LOCAL REGISTRAR

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Commitment Number: 0406-03575

EXHIBIT A PROPERTY DESCRIPTION

The land referred to in this Document is described as follows:

LOT 69 IN GALE'S FIRST ADDITION TO GALE WOOD, BEING A SUBDIVISION IN THE SOUTH EAST 1/4 OF SECTION 31, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN#: 13-31-402-012-0000

CKA: 1925 N. NORMANDY, CHICAGO, IL 60635

Property of Cook County Clerk's Office