

UNOFFICIAL COPY

CH1389376012



Doc#: 0423905232
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 08/26/2004 02:14 PM Pg: 1 of 3

AFFIDAVIT AS TO JOINT TENANCY

State of Illinois)
) ss.
County of Cook)

On this 19th day of August, 2004, Affiant

ODESSA WOODALL being duly sworn on oath swears that the following statements are true and are within the personal knowledge of Affiant:

Affiant ODESSA WOODALL is the owner of the following property:

Legal Description

ALL THAT CERTAIN PARCEL OF LAND SITUATE IN COOK COUNTY, ILLINOIS, BEING KNOWN AS THE SOUTHERLY FIVE FEET OF LOT TWENTY-FIVE (25) AND THE NORTHERLY TWENTY (20) FEET OF LOT TWENTY-SIX (26) IN HIGGINS RESUBDIVISION OF NUTTS LAKE SHORE SUBDIVISION IN SECTION TWO (2) TOWNSHIP THIRTY-EIGHT (38) NORTH, RANGE FOURTEEN (14) EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 4367 S LAKE PARK, CHICAGO, IL, 60617.

PARCEL: 20-02-400-023

And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by ODESSA WOODALL & WILLIE C. WOODALL and that said: WILLIE C. WOODALL (deceased spouse) died on the March 15, 1970.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

NETCO
415 N. LASALLE ST.
STE 402
CHICAGO, IL 60610

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IN WITNESS WHEREOF, Affiant ODESSA WOODALL executed and caused these presents to be signed as of the day and year first above written.

Odessa Woodall
ODESSA WOODALL

State of Illinois)
) ss
County of Cook)

Subscribed and sworn to before me the day and year above written.

Cindy Wright
Notary Public

My Commission Expires: _____

This instrument was prepared (without an examination of title) by: Patrick W. Walsh, P.C., 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.



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AUG. 4. 2004 4:51PM OF HEALTH - CITY OF CHICAGO

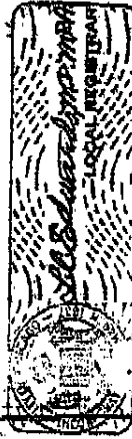
No. 2357

P. 2

March 7, 1986

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

L. LOWME C. EDWARDS M.D. M.P.A.
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 OF 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 AS A
RECORD KEPT BY ME IN PURSUANCE OF
SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID
WHEN MULTICOLOR SEAL AND
BLUE SIGNATURE ARE AFFIXED

STATE OF ILLINOIS
CORONER'S CERTIFICATE OF DEATH

STATE NUMBER
C608492

REGISTRATION DISTRICT NO. **1610**

DECEASED—NAME
FIRST MIDDLE LAST
WILLIE C. WOODALL

SEX **MALE** DATE OF DEATH **MARCH 15 1970**

RACE **NEGRO** AMERICAN BIRTH **1920** PLACE OF BIRTH **MISSISSIPPI**

AGE—LAST BIRTHDAY (YR.) **50** DATE OF BIRTH **SEP 6 1920**

CITY, TOWN, TRP. OR ROAD DISTRICT NUMBER **CHICAGO** IF NOT IN FEDERAL, GIVE STREET AND NUMBER

HOSPITAL OR OTHER INSTITUTION—NAME **SOUTH CHICAGO HOSPITAL**

CITIZEN OF WHAT COUNTRY **U.S.A.** NAME OF SURVIVING SPOUSE (IF WIDOW)
CLAUDE WOODALL

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

USUAL OCCUPATION **GENERAL** KIND OF BUSINESS OR INDUSTRY **U.S. NAVY VETERAN; WAR OR DATES OF SERVICE**

RESIDENCE **CHICAGO** CITY, TOWN, TRP. OR ROAD DISTRICT NO. **140** STREET AND NUMBER **176 853 CONSTANCE ST**

FATHER—NAME FIRST MIDDLE LAST **CLAUDE WOODALL** MOTHER—Maiden Name FIRST MIDDLE LAST **SULLIVAN**

INFORMANT'S SIGNATURE **CLAUDE WOODALL** RELATIONSHIP **Wife** STREET AND NO. OR R. F. NO. CITY, TOWN, STATE, ZIP **176 853 Constance St Chicago Ill 60653**

DEATH WAS CAUSED BY: **CARBON MONOXIDE POISONING** IDENTIFY ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C)

PART I. IMMEDIATE CAUSE

(A) **CARBON MONOXIDE POISONING**
DUE TO OR AS A CONSEQUENCE OF:

(B) _____

(C) _____

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE ONLY IN PART I

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED SPECIFY _____

DATE OF INJURY (MONTH, DAY, YEAR) **208 32 A M. MARCH 14 1970** HOW INJURY OCCURRED (GIVE NATURE OF INJURY MENTIONED IN PART I)
ACCIDENT **208 32 A M. FOUND IN CAR IN GARAGE**

PLACE OF INJURY AT HOME, PARK, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) **CHICAGO COOK COUNTY ILLINOIS**

CITY, TOWN, TRP. OR ROAD DISTRICT NO. **CHICAGO** COUNTY, STATE

DATE OF INVESTIGATION (MONTH, DAY, YEAR) **MARCH 15 1970** DATE SIGNED **218 10 A M.**

CORONER'S SIGNATURE **Andrew J. Tomaszewski** LOCAL REGISTRAR'S SIGNATURE **Wm. McNabola**

CITY OR TOWN **Worth, Illinois** STATE **Illinois**

STREET AND NUMBER OR R. F. NO. **4114 S Michigan** CITY OR TOWN **Chicago, Illinois**

FUNERAL HOME **Home Federal Parlor** FUNERAL DIRECTOR'S SIGNATURE **Reuben W. Spears**

STREET AND NUMBER OR R. F. NO. **60653** CITY OR TOWN **Chicago, Illinois**

FUNERAL DIRECTOR'S SIGNATURE **Reuben W. Spears**

LOCAL REGISTRAR'S SIGNATURE **Wm. McNabola**

DATE RECORDED BY LOCAL REGISTRAR **APR 27 1970**

DATE RECORDED BY BUREAU OF STATISTICS **APR 27 1970**

FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **1092**

BASED ON 1968 U. S. STANDARD CERTIFICATE