



Doc#: 0424542287
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 09/01/2004 11:45 AM Pg: 1 of 3

131824713

AFFIDAVIT RE DECEASED JOINT TENANT

STATE OF ILLINOIS
COUNTY OF

} SS

RE: YOUR ORDER NO. 1318247

GLENNISHA KING, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

1. That she resides at 620 N. IRVING, Hillside, Ill 60162
2. That she was acquainted with Josephine King, who died on _____

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:

- in the subject order number;
- in the following legal description;

SEE ATTACHED LEGAL DESCRIPTION

4. That said decedent died:

- leaving no last will and testament;
- leaving a last will and testament, a copy of which is attached;

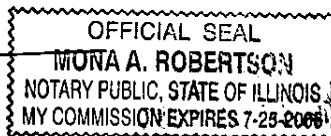
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ _____

Subscribed and sworn to before

me by the said Glennisha King affiant
this 4th day of August, 2004

Glennisha King
(affiant's signature)

Mona A. Robertson
Notary Public



ATGF, INC.

UNOFFICIAL COPY

OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT OFFICE OF VITAL RECORDS

STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 6.24
REGISTERED NUMBER 313

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST KING, JOSEPHINE KING
SEX 2 Female
DATE OF DEATH (MONTH, DAY, YEAR) 3 May 15, 2001
COUNTY OF DEATH 4 Cook
AGE-LAST BIRTHDAY (YRS) 5a 83
UNDER 1 YEAR 5b
UNDER 1 DAY 5c
DATE OF BIRTH (MONTH, DAY, YEAR) 5d June 29, 1917
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a Oak Park
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b West Suburban

A DECEASED
B
C
D
E

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Greenwood, Ms.
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a Widowed
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b
IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INFATIENT (SPECIFY) 6c Inpatient
SOCIAL SECURITY NUMBER 9b 625-60-3366
USUAL OCCUPATION 11a Homemaker
KIND OF BUSINESS OR INDUSTRY 11b At Home
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 4th
RESIDENCE (STREET AND NUMBER) 13a 742 N. Latrobe
CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b Chicago
INSIDE CITY (YES/NO) 13c Yes
COUNTY 13d Cook
STATE 13e Illinois
ZIP CODE 13f 0644
FACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a Black
OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b NO

PARENTS

FATHER-NAME FIRST MIDDLE LAST 15 Minnie O King
MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16 Daisy Nero
INFORMANT'S NAME (TYPE OR PRINT) 17a Ernestine King
RELATIONSHIP 17b Daughter
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c 742 N. Latrobe Chgo, Ill 44

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18. PART I
Immediate Cause (Final disease or condition resulting in death) (a) Myocardial Infarction
DUE TO, OR AS A CONSEQUENCE OF (b) Coronary artery disease
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (c) Hypertension
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I
Pulmonary Fibrosis
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 19 5 hours
20 1 year
21 23 years

CAUSE

DATE OF OPERATION, IF ANY 20a
MAJOR FINDINGS OF OPERATION 20b
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES NO
1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a 4-16-01
WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b NO
HOUR OF DEATH 21c 2:30 PM

CERTIFIER

22a SIGNATURE [Signature]
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) [Name and Address]
DATE SIGNED (MONTH, DAY, YEAR) 22b 5-16-01
22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) [Name and Address]
ILLINOIS LICENSE NUMBER 22d 036-05-7435

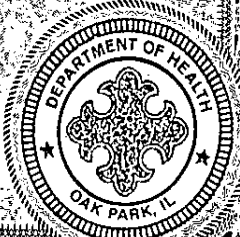
DISPOSITION

23. BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Burial
CEMETERY OR CREMATORY-NAME 24b Forest Home
LOCATION CITY OR TOWN STATE 24c Forest Park Ill
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a A.A. Rayner & Sons 5911 W. Madison Street Chicago, Illinois 60644
DATE (MONTH, DAY, YEAR) 25b May 19, 2001

25b LOCAL REGISTRAR'S SIGNATURE [Signature]
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c 031009354
26a DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b May 18, 2001

VR200 (Rev. 1/89) is to certify that this is a true and correct copy from the official record filed with the Illinois Department of Public Health—Division of Vital Records

Georgina Polynk, MD
LOCAL REGISTRAR



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LEGAL DESCRIPTION

LOT 2 IN BLOCK 2 IN VENDLEY AND COMPANY'S THIRD ADDITION TO HILLSIDE ACRES, BEING A SUBDIVISION OF THAT PART OF THE EAST 50 ACRES OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN LYING SOUTH OF THE RIGHT OF WAY OF THE AURORA, ELGIN AND CHICAGO ELECTRIC RAILROAD, ALSO PART OF THE EAST 7 ACRES OF THE NORTHEAST 1/4 OF SECTION 18, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF BUTTERFIELD ROAD, IN COOK COUNTY, ILLINOIS.

PERMANENT PROPERTY TAX NUMBER: 15-07-406-015
COMMON PROPERTY ADDRESS: 620 NORTH IRVING
HILLSIDE, ILLINOIS 60162

Property of Cook County Clerk's Office