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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

1324390 1/3

State of Illinois)
County of COOK) ss.
)

ATG
Order No. 1324390

Sandra Y. Jackson f/k/a Sandra Y. Lee being duly sworn states that
she resides at 2161 N. Parkside in the City of
Chicago, IL. 60639

That she was acquainted with _____
deceased who, at the time of his death, was one of the owners of the land in Cook
County, Illinois, described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died _____, 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 _____

3 Jd



Doc#: **0425317039**
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 09/09/2004 09:00 AM Pg: 1 of 3

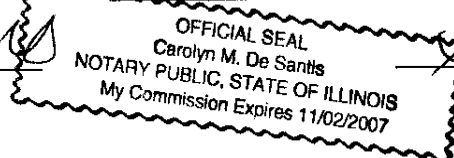
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of Five Thousand dollars.

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

Subscribed and sworn to before me by the said

this 28 day of July, A.D. 2004

Carolyn M. De Santis
Notary Public



Sandra Y. Jackson
(affiant's signature)

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EXHIBIT "A"

LEGAL DESCRIPTION

LOT 29 IN BLOCK 8 IN GRAND AVENUE SUBDIVISION, BEING A SUBDIVISION OF BLOCKS 2, 3 AND 4 OF COMMISSIONER'S SUBDIVISION OF THAT PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE CENTER LINE OF GRAND AVENUE, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

JUL 19 2001

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, 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 OBDINANCE OF SAID LAW AND ORDINANCES.

TH NO. 18.10
 REGISTRATION DISTRICT NO. 98.10
 REGISTERED NUMBER

DECEASED - NAME: **Cordell Jackson** FIRST MIDDLE LAST
 SEX: **Male** DATE OF BIRTH: **3 July 1956** (MONTH DAY YEAR)
 DATE OF DEATH: **15 July 2001** (MONTH DAY YEAR)

COUNTY OF DEATH: **Cook** AGE LAST BIRTHDAY (YRS): **44** UNDER 1 YEAR: **0** MONTHS **0** DAYS
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION: **2161 North Parkside** NAME (IF NOT IN EITHER GIVE STREET AND NUMBER):
 IF HOSP OR INST INDICATE D.O.A. OR OTHER R.M. INPATIENT (SPECIFY): **D.O.A.**

MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): **Married**
 NAME OF SURVIVING SPOUSE (MADEN NAME IF WIFE): **Sandra Webb**
 KIND OF BUSINESS OR INDUSTRY: **farlware**
 EDUCATION (SPECIFY HIGHEST GRADE COMPLETED): **12**
 INSIDE CITY (YES/NO): **Yes** COUNTY: **Cook**

RESIDENCE (STREET AND NUMBER): **2161 North Parkside St.** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 STATE: **Illinois** ZIP CODE: **60639** FACE (WHITE, BLACK, AMERICAN INDIAN etc.) (SPECIFY): **Black**
 OF HISPANIC ORIGIN? (SPECIFY NOR YES, IF YES SPECIFY CUBAN, MEXICAN, PORTORICAN etc.): **NO**

FATHER - NAME: **Rufus Jackson** FIRST MIDDLE LAST
 MOTHER - NAME: **Marlene Dezel** FIRST MIDDLE LAST
 RELATIONSHIP: **Wife** MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP): **2161 North Parkside St.**

IMMEDIATE CAUSE (Final disease or condition resulting in death): **Hypertensive Cardio myopathy**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STARTING THE UNDERLYING CAUSE LAST: **Competitive heart failure**
 (b) DUE TO OR AS A CONSEQUENCE OF: **Hypertension**
 (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: **none**

DATE OF OPERATION, IF ANY: **6.20.01** MAJOR FINDINGS OF OPERATION: **6.20.01**
 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **6.20.01** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO**
 HOUR OF DEATH: **9:01 A.M.**

NAME AND ADDRESS OF CERTIFIER: **Elwood Park Medical Center, 7255 W. Grand Avenue, Chicago, IL 60707**
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): **Elwood Park Medical Center**
 ILLINOIS LICENSE NUMBER: **0560831229**

BURIAL, CREMATION, REMOVAL (SPECIFY): **Forest Home** CEMETERY OR CREMATORY - NAME: **Forest Home** LOCATION: **Forest Park, IL** CITY OR TOWN: **Chicago, IL** STATE: **IL** DATE: **7-21-2001**
 FUNERAL HOME: **R. R. Jones Funeral Home, 5515 W. Chicago Ave., Chicago, IL 60651**

FUNERAL DIRECTOR'S SIGNATURE: **John A. Wilhelm, M.D.**
 LOCAL REGISTRAR'S SIGNATURE: **John A. Wilhelm, M.D.**
 DATE FILED: **JUL 19 2001**
 RECORDS SECTION, MONTH DAY YEAR



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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