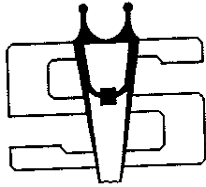
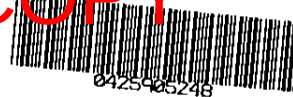


UNOFFICIAL COPY



Sanctity of Contract



0425905248

Doc#: 0425905248
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 09/15/2004 03:40 PM Pg: 1 of 3

Stewart Title Company of Illinois

395578
Prepared By:
Mail to:
Lillie Irene Martin
10105 Morgan
Chicago, IL 60643

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 395578

STATE OF ILLINOIS
COUNTY OF COOK, SS.

Lillie Irene Martin
being duly sworn states that she resides at 10105 Morgan in the City of Chicago

That she was acquainted with ESSAC M BRIDSON deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

That the deceased died 12/18/2003, 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 _____.

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 _____ dollars.

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

Subscribed and sworn to before me by the said

this 8/31/04 day of August, A.D. 19_____
Notary Public

Lillie Irene Martin
(Affiant's Signature)

UNOFFICIAL COPY

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE
NUMBER

REGISTRATION DISTRICT NO. 16:33	REGISTERED NUMBER 786	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
		ISSAC		MARTIN SR J2 MALE		3 DECEMBER 18, 2003	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MONTHS	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. COOK		5a. 70	5b.	5c.	5d. SEPTEMBER 17, 1933		
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 P.O.A. OPERATOR, PM, INPATIENT (SPECIFY)		6c. INPATIENT	
6a. EVERGREEN PARK		6b. LITTLE COMPANY OF MARY HOSPITAL					
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME (F, I, FE))		IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
GREENVILLE, GA		8a. MARRIED		8b. LILLIE I. JONES		9. YES	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		IF EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary (0-12) College (13-16 or 17+)	
10. 346-24-8867		11a. TECHNICIAN		11b. ELECTRONICS		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 10105 SOUTH MORGAN		13b. CHICAGO		13c. YES		13d. COOK	
STATE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HIS/HER MISC. ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. ILLINOIS		13f. 60643		14b. NO		14c. YES	
FATHER-NAME		MIDDLE		SPECIFY:		(MAIDEN) LAST	
15. AMSY		MARTIN		JEWEL		OGLETREE	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. KIM MOORE/CLERK		17b. SISTER		17c. 2899 WEST 95TH STREET CHICAGO, ILLINOIS 60805			
18. PART I		Enter the diseases, or complications that caused 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.					
Immediate Cause (Final disease or condition resulting in death)		(a) Cerebral infarct					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST:		(b) Hypertension					
PART II. Other significant conditions contributing to death or not resulting in the underlying cause given in PART I		(c) Pulmonary Sarcoidosis, Renal failure					
DATE OF OPERATION, IF ANY		FINDINGS OF OPERATION		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
20a. 12/18/03		20b. NO		20c. YES		20d. NO	
21a. (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 12/18/03)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21b. NO		21c. 10:15P	
22a. SIGNATURE (Pauline Wong-Hugh)		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)		22b. 12/19/03	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. 036055683		ILLINOIS LICENSE NUMBER		22e. IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23a. NAME OF CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN		STATE	
23b. MT. HOPE		24c. CHICAGO		ILLINOIS		24d. 12/27/03	
24a. BURIAL		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		ZIP	
25a. ANDREWS FUNERAL SERVICE, 7605 S. HALSTED ST. CHICAGO, ILLINOIS 60620		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		25c. 034-010798	
25b. LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26a. December 24, 2003		26b. December 24, 2003	

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM # 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTH, STILLBIRTHS, AND DEATHS.

DATE DECEMBER 24 2003

AT EVERGREEN PARK, ILLINOIS

REGISTRAR

DEPUTY REGISTRAR

UNOFFICIAL COPY

ALTA COMMITMENT

Schedule A - Legal Description

File Number: TM155132

Assoc. File No: MART0804

STEWART TITLE

GUARANTY COMPANY

HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 2 in Clark's subdivision of the west 137.40 feet of block 10 in Hitts subdivision of the southeast 1/4 of Section 8, Township 37 North, Range 14 East of the Third Principal Meridian in Cook County, Illinois

PIN# 25.08.420.002

Property of Cook County Clerk's Office

**STEWART TITLE GUARANTY
COMPANY**