395578

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

Sanctity of Contract

Stewart Title Company of Illinois

Prepared By:
Mail to
Lillie 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 S Morgan in the City of Chicago

That She was acquainted with ISSAC M BRUNDY deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

3/08

STEWART TITLE OF ILLINOIS
NORTH LASALLE STREET, SUITE 1920
CHICAGO, IL 60602

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 31 day of August, A.D. 19 08.

Notary Public

/ Lillie Irene Martin
(Affiant's Signature)

REGISTRATION DISTRICT NO. 16:33

REGISTERED NUMBER 786

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEASED–NAME FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. ISSAC		MARTIN SR.	2. MALE	3. DECEMBER 18, 2003

COUNTY OF DEATH	AGE–LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. / DAYS	UNDER 1 DAY HOURS / MIN.	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 D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)
6a. EVERGREEN PARK	6b. LITTLE COMPANY OF MARY 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 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	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12)	College (1-4 or 5+)
10. 346-24-8867	11a. TECHNICIAN	11b. ELECTRONICS	12. 12	3

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	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. ILLINOIS	13f. 60643	14a. Afro-American	14b. ☒ NO ☐ YES SPECIFY:

FATHER–NAME FIRST	MIDDLE	LAST	MOTHER–NAME FIRST	MIDDLE	(MAIDEN) LAST
15. AMSY		MARTIN	16. 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. HOSPITAL RECORDS	17c. 2800 WEST 95TH STREET EVERGREEN PARK, ILLINOIS 60805

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 Infarct	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b) Hypertension	
	DUE TO, OR AS A CONSEQUENCE OF (c)	

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

Pulmonary Sarcoma c metasis, Renal failure

DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a.	20b.	19a. NO	19b.

IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES ☐ NO ☐

I (DID) (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. 12/18/03	21b. NO	21c. 10:15P M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ Pauline Wong Hyde — DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/19/03

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 4401 W. 79th St. - Burbank — ILLINOIS LICENSE NUMBER 22d. 036055683

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY–NAME	LOCATION CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
24a. BURIAL	24b. MT. HOPE	24c. CHICAGO	ILLINOIS	24d. 12/27/03

FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	ZIP
25a. ANDREWS FUNERAL SERVICE,	7605 S. HALSTED ST.	CHICAGO,	ILLINOIS	60620

FUNERAL DIRECTOR'S SIGNATURE 25b. ▶ M Andrews — FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-010798

LOCAL REGISTRAR'S SIGNATURE 26a. ▶ Lauren Campbell — DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. December 24, 2003

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

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 Lauren M. Campbell

DEPUTY REGISTRAR

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