

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT



STATE OF ILLINOIS
COUNTY OF

} ss.

Order No. _____

Doc#: 0426127024
Eugene "Gene" Moore Fee: \$46.50
Cook County Recorder of Deeds
Date: 09/17/2004 10:44 AM Pg: 1 of 2

JONATHAN HUNTER

states that he resides at 5953 N. MAGNOLIA in the City of CHICAGO, IL

That he was acquainted with MAMIE THOMAS deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

LOTS 15 & 16 in BLOCK 15 in DOUGLAS PARK ADDITION TO CHICAGO, A SUBDIVISION OF ALL THAT PART OF THE EAST 1/2 OF THE SOUTHEAST 1/4 of SECTION 23, TOWNSHIP 39 NORTH, RANGE 13, LYING SOUTH OF OGDEN AVE., EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, IL.
PIN: 16-23-422-035-0000
COMMONLY KNOWN AS: 1936 SOUTH KEDZIE, CHICAGO, IL

That the deceased died ON MARCH 4, 1994, 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 FIVE HUNDRED THOUSAND (\$500,000.00) AND NO/100 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

JONATHAN HUNTER

this 15th day of September, A.D. 2004

Judy A. Johnson
Notary Public



Jonathan Hunter
(affiant's signature)

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook)

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

BIRTH NO.		REGISTERED DISTRICT NO. 16.10		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH				604575	
1. MAMIE		FIRST		MIDDLE		LAST		SEX 2. FEMALE	
3. MARCH 4, 1994		DATE OF DEATH (MONTH, DAY, YEAR)		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY	
4. COOK		COUNTY OF DEATH		5a. 74		5b. 74		5c. 74	
6a. CHICAGO		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		6b. ST. ANTHONY HOSPITAL				6c. D.O.A.	
7. FLORIDA		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		8a. WIDOWED		8b. NONE		9. NO	
10. 349-24-5149A		SOCIAL SECURITY NUMBER		11a. HOME/MAKER		11b. HOME		12. 11	
13a. 1936 S. KEDZIE		RESIDENCE (STREET AND NUMBER)		13b. CHICAGO		13c. YES		13d. COOK	
13e. ILLINOIS		STATE		13f. 60623		13g. BLACK		14. <input type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
15. JOSEPH JOHNSON		FATHER-NAME FIRST MIDDLE LAST		16. HANNAH JACKSON		MOTHER-NAME FIRST MIDDLE LAST			
17a. JONATHAN HUNTER		INFORMANT'S NAME (TYPE OR PRINT)		17b. SON		17c. 908 W. Margate Terrace			
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) Arteriosclerotic Heart Disease						years	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
PART II		Other significant conditions contributing to death but not resulting in the underlying cause (b) on PART I							
20a.		DATE OF OPERATION, IF ANY		20b.		MAJOR FINDINGS OF OPERATION		20c. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a.		1. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		2/21/94		21b. YES		21c. 8:55 A M.	
22a.		SIGNATURE		22b. March 7 1994		DATE SIGNED (MONTH, DAY, YEAR)		22c. 36-31386	
22c.		NAME AND ADDRESS OF CERTIFIER		22d. M.L. Scheinman M.D.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
24a.		BURIAL, CREMATION, REMOVAL (SPECIFY)		24b. OAKRIDGE		CEMETERY OR CREMATORY-NAME		24c. HILLSIDE, IL	
25a.		WALLACE FUNERAL HOME		25b. W. Wallace		FUNERAL DIRECTOR'S SIGNATURE		25c. 34-9351	
26a.		LOCAL REGISTRAR'S SIGNATURE		26b. Mar 08 1994		GATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			