

# UNOFFICIAL COPY



AMERICAN TITLE CORP.  
7990 CONVERSE ROAD  
WILSON LAKE, IL 60042



Doc#: 0426449184  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 09/20/2004 01:37 PM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF IL  
COUNTY OF COOK ss.

Loan No. 2709335067

Order No.

being duly sworn states that he/she resides at 8750 KENWOOD AVE S, CHICAGO, IL 606197032.

That he/she was acquainted with deceased who, at the time of his/her death, was one of the owners of the land in COOK County, IL described as:

SEE ATTACHED LEGAL DESCRIPTION

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 unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of COOK County, IL.

Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of COOK County, IL about \_\_\_\_\_.

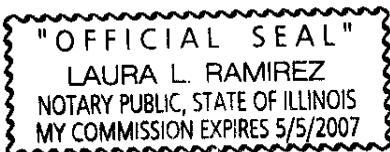
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Affiants make this affidavit for that purpose of inducing AMERICAN TITLE CORPORATION to issue its Title Insurance Policy, describing the above-mentioned property.

Subscribed and sworn to before me by the said this 9th day of September, A.D. 2004.

Laura L Ramirez  
Notary Public

Betty J. Tuggle 9-9-04  
(Affiant's Signature) Date



0042816

BNS

REGISTRATION NO. 16110  
 DISTRICT NO. 16110

**MEDICAL EXAMINER'S - CORONER'S  
 CERTIFICATE OF DEATH**

CASE #: **328 MAY 2003**

1607509

DECEASED - NAME **RICHARD TUGGLE** FIRST MIDDLE LAST  
 SEX **2. MALE** DATE OF DEATH **3. May 20, 2003** (MONTH, DAY, YEAR)

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **COOK** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **5d. OCT 9, 1934**

6a. **CHICAGO** BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **6b. SCENE 7130 S. CYRIL COURT** NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **6c. DOA** (IF POST-OR-NIST INDICATE DOA, OPISMER, RM, INPATIENT (SPECIFY))

7. **MEMPHIS, TN** SOCIAL SECURITY NUMBER **400-50-4454** 8a. **MARRIED** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **8b. MARRIED** **Betty Emerson** 8c. **NO** (MARRIAGE FORCES (YES/NO))

8. **400-50-4454** USUAL OCCUPATION **11a. SELF EMPLOYED** KIND OF BUSINESS OR INDUSTRY **11b. AS General** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 12** (ELEMENTARY/SECONDARY (0-12) COLLEGE (1-4 OR 5-7))

9. **PLS KENWOOD** 13a. **YES** OF HISPANIC ORIGIN (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERT. R., ETC.) **13b. CHICAGO** INSIDE CITY (YES/NO) **13c. YES** COUNTY **13d. COOK** (COUNTY)

10. **ILLINOIS** ZIP CODE **131. 60619** RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) **14a. BLACK** 14b.  YES  NO SPECIFY. **14c. MATTIE GIBSON** MOTHER NAME (FIRST, MIDDLE, LAST)

11. **FORMAN'S NAME (TYPE OR PRINT)** **16. MATTIE GIBSON** RELATIONSHIP **17a. Betty Tuggle** 17b. **White** 17c. **8950 S. Kenwood Chicago IL** Mailing Address (Street and No. or R.F.D., City, State, Zip)

12. **CAUSE** (Enter the disease, injury, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, etc.) **18. ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE** (Immediate cause (final disease or condition) resulting in death)

13. **CONDITION** (IF ANY) (Mention any rise to immediate cause, such as falling, slipping, etc.) **19a. NO** 19b. **NO** 19c. **NO** (Mention any condition contributing to death but not resulting in the underlying cause given in Part 12.)

14. **DATE OF INJURY (MONTH, DAY, YEAR)** **19d. NO** 19e. **NO** (Mention date of injury, if any, and date of death, if any.)

15. **PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)** **20a. NATURAL** 20b. **NO** 20c. **NO** 20d. **NO** (Mention place of injury, if any, and date of death, if any.)

16. **DATE OF INJURY (MONTH, DAY, YEAR)** **20e. NO** 20f. **NO** 20g. **NO** 20h. **NO** (Mention date of injury, if any, and date of death, if any.)

17. **THE DEPENDENT WAS PRONOUNCED DEAD ON** **20i. NO** 20j. **NO** 20k. **NO** 20l. **NO** (Mention date of death, if any, and date of death, if any.)

18. **DATE SIGNED** **21a. MAY 20, 2003** 21b. **AT** **21c. 3:40 AM** (Mention date, time, and place of signing.)

19. **DATE SIGNED** **22a. MAY 20, 2003** 22b. **AT** **22c. 3:40 AM** (Mention date, time, and place of signing.)

20. **DATE SIGNED** **23a. MAY 20, 2003** 23b. **AT** **23c. 3:40 AM** (Mention date, time, and place of signing.)

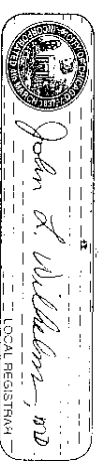
21. **DATE SIGNED** **24a. MAY 20, 2003** 24b. **AT** **24c. 3:40 AM** (Mention date, time, and place of signing.)

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

052303

I, 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

**CERTIFIED TRUE COPY**  
 John L. Wilhelm, MD  
 LOCAL REGISTRAR



CITY OF CHICAGO  
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN  
 MULTICOLOR SIGNATURE SEAL IS  
 AFFIXED.

# UNOFFICIAL COPY

ACAPS #: 104081207438000

ATC FILE #: 0042816

Customer Name: Betty J. Tuggle

## LEGAL DESCRIPTION

LOT 26 IN BLOCK 11 IN THE SECOND ADDITION TO CALUMET GATEWAY, BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. #: 25-02-203-034

Property of Cook County Clerk's Office

*AMERICAN TITLE CORPORATION*

27990 Converse Road, Island Lake, IL. 60042 ♦ Phone: (847) 487-9200 Fax: (847) 487-9753

[www.americantitlecorp.com](http://www.americantitlecorp.com)