



Doc#: 0427447088  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 09/30/2004 09:33 AM Pg: 1 of 3



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF

} ss.

Order No. \_\_\_\_\_

Joyce L. Potts being duly sworn  
states that she resides at 312 W. 104th Place in the City of  
Chicago.

That she was acquainted with John Lee Oliver  
deceased who, at the time of his death, was one of the owners of the land in Cook  
County, Illinois, described on the reverse side hereof.

That the deceased died August 14, 2004, 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 100,000.00 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

Joyce L. Potts

this 14th day of September, A.D. ~~19~~ 2004

Frank A. Haverschild

Notary Public

Joyce L. Potts  
(affiant's signature)

OFFICIAL SEAL  
FRANK A. HAVERSCHILD  
NOTARY PUBLIC, STATE OF ILLINOIS  
My Commission Expires 5-14-2005

# UNOFFICIAL COPY

## Legal Description

of premises commonly known as 312 W. 104th Place  
Chicago, Illinois 60628

LOT 27 AND THE WEST 1/2 OF LOT 26 IN CHERRILL H. WELL'S  
SUBDIVISION OF PART OF THE SOUTH 1/2 OF LOT 10 AND THE NORTH 1/2  
OF LOT 15 IN SCHOOL TRUSTEES SUBDIVISION OF SECTION 16,  
TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL  
MERIDIAN IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

MAIL TO	{	FRANK HAUSENSCHILD	_____
		(Name)	_____
		17050 So. Park Ave Ste A	_____
		(Address)	_____
		South Holland, IL 60473	_____
		(City, State and Zip)	

OR RECORDER'S OFFICE BOX NO. \_\_\_\_\_

# UNOFFICIAL COPY

## STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16:33  
REGISTERED NUMBER 478

AT EVERGREEN PARK, ILLINOIS  
DATE AUGUST 19, 2004

REGISTRAR *Shawn M. Cooper*

DEPUTY REGISTRAR

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.

1. COUNTY OF DEATH	John	MIDDLE	Lee	LAST	Oliver	SEX	Male	DATE OF DEATH	August 14, 2004
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	Cook	AGE - LAST BIRTHDAY (YRS)	5a. 29	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	May 29, 1925	IF HOSP. OR INST. INDICATE D.O.A. OPERATOR, R.M. INPATIENT (SPECIFY)	
3. EVERGREEN PARK	Evergreen Park	8b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8a. Married	NAME OF SURVIVING SPOUSE (M.AIDEN, M.A.E. IF WIFE)		6c. Emer. Rm.	IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
4. MISSISSIPPI	Mississippi	9. USUAL OCCUPATION	11a. Laborer	11b. General	EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)	12. 11th	13d. Cook		
5. 428-38-6237	428-38-6237	13a. 312 West 104th Place	13b. Chicago	13c. YES	INSIDE CITY (YES/NO)	13d. YES	13e. YES		
6. ILLINOIS	Illinois	14a. Black	14b. Black	14c. NO	14d. YES	14e. YES	14f. YES		
7. FATHER - NAME	Joe	15. MOTHER - NAME	Oliver	16. MOTHER - NAME	Joella	16a. PEGUES	16b. PEGUES		
8. SHIRLEY HICKS	Shirley Hicks	17a. DAUGHTER	17b. Daughter	17c. 9439 So. Halsted St. Chicago IL.	17d. 9439 So. Halsted St. Chicago IL.	17e. 9439 So. Halsted St. Chicago IL.	17f. 9439 So. Halsted St. Chicago IL.		
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>Myocardial Infarction</b>									
18. PART II. Other significant conditions contributing to, but not resulting in the underlying cause given in PART I.									
19a. DATE OF OPERATION, IF ANY	20a. MAJOR FINDINGS OF OPERATION	20b. DATE OF OPERATION, IF ANY	20c. MAJOR FINDINGS OF OPERATION	20d. DATE OF OPERATION, IF ANY	20e. MAJOR FINDINGS OF OPERATION	20f. DATE OF OPERATION, IF ANY	20g. MAJOR FINDINGS OF OPERATION	20h. DATE OF OPERATION, IF ANY	20i. MAJOR FINDINGS OF OPERATION
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21c. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21d. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21e. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21f. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21g. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21h. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21i. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21j. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
22a. SIGNATURE	22b. SIGNATURE	22c. SIGNATURE	22d. SIGNATURE	22e. SIGNATURE	22f. SIGNATURE	22g. SIGNATURE	22h. SIGNATURE	22i. SIGNATURE	22j. SIGNATURE
23. NAME AND ADDRESS OF CERTIFIER	23a. NAME AND ADDRESS OF CERTIFIER	23b. NAME AND ADDRESS OF CERTIFIER	23c. NAME AND ADDRESS OF CERTIFIER	23d. NAME AND ADDRESS OF CERTIFIER	23e. NAME AND ADDRESS OF CERTIFIER	23f. NAME AND ADDRESS OF CERTIFIER	23g. NAME AND ADDRESS OF CERTIFIER	23h. NAME AND ADDRESS OF CERTIFIER	23i. NAME AND ADDRESS OF CERTIFIER
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24a. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24g. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24h. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	24i. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER
25. BIRTH, CREMATION, REMOVAL (SPECIFY)	25a. BIRTH, CREMATION, REMOVAL (SPECIFY)	25b. BIRTH, CREMATION, REMOVAL (SPECIFY)	25c. BIRTH, CREMATION, REMOVAL (SPECIFY)	25d. BIRTH, CREMATION, REMOVAL (SPECIFY)	25e. BIRTH, CREMATION, REMOVAL (SPECIFY)	25f. BIRTH, CREMATION, REMOVAL (SPECIFY)	25g. BIRTH, CREMATION, REMOVAL (SPECIFY)	25h. BIRTH, CREMATION, REMOVAL (SPECIFY)	25i. BIRTH, CREMATION, REMOVAL (SPECIFY)
26. FUNERAL HOME	26a. FUNERAL HOME	26b. FUNERAL HOME	26c. FUNERAL HOME	26d. FUNERAL HOME	26e. FUNERAL HOME	26f. FUNERAL HOME	26g. FUNERAL HOME	26h. FUNERAL HOME	26i. FUNERAL HOME
27. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27a. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27b. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27c. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27d. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27e. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27f. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27g. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27h. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620	27i. RESTHAVEN MEMORIAL CHAPEL 7605 SOUTH HALSTED ST. CHICAGO, ILLINOIS 60620
28. LOCAL REGISTRAR'S SIGNATURE	28a. LOCAL REGISTRAR'S SIGNATURE	28b. LOCAL REGISTRAR'S SIGNATURE	28c. LOCAL REGISTRAR'S SIGNATURE	28d. LOCAL REGISTRAR'S SIGNATURE	28e. LOCAL REGISTRAR'S SIGNATURE	28f. LOCAL REGISTRAR'S SIGNATURE	28g. LOCAL REGISTRAR'S SIGNATURE	28h. LOCAL REGISTRAR'S SIGNATURE	28i. LOCAL REGISTRAR'S SIGNATURE
29. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29h. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	29i. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
30. AUGUST 19, 2004	30a. AUGUST 19, 2004	30b. AUGUST 19, 2004	30c. AUGUST 19, 2004	30d. AUGUST 19, 2004	30e. AUGUST 19, 2004	30f. AUGUST 19, 2004	30g. AUGUST 19, 2004	30h. AUGUST 19, 2004	30i. AUGUST 19, 2004