



Doc#: 0427903153
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 10/05/2004 04:38 PM Pg: 1 of 3

STATE OF ILLINOIS)
)
COUNTY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

JACKIE C. CALDWELL-PERRI, being duly sworn states:

1. That she resides at 17543 South Anthony in the City of Country Club Hills, County of Cook, State of Illinois.
2. That she was the step-granddaughter of Mildred Caldwell, who at the time of her death was the joint owner with Jack Caldwell of a parcel of real property commonly known as **207 North Kostner** in the City of Chicago, County of Cook, State of Illinois, and more particularly described as follows:

LOT TWO (2) IN THE RESUBDIVISION OF LOTS 45 TO 48, BOTH INCLUSIVE, IN F. S. TYRRELL'S SUBDIVISION OF BLOCK 20 IN WEST CHICAGO LAND COMPANY'S SUBDIVISION OF THE SOUTH HALF OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

3. That Mildred Caldwell died on November 23, 1977^{9cc}, as evidenced by the Medical Certificate of Death attached hereto.
4. That Mildred Caldwell died leaving no Last Will & Testament.
5. That the total value of the estate of Mildred Caldwell, including both real

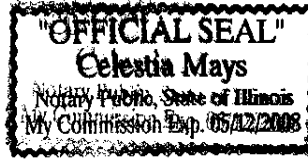
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and personal property owned by the deceased either individually or in joint tenancy at the time of death, does not exceed the sum of \$200,000.00.

Jackie Caldwell Perri
Affiant

SIGNED and SWORN before me this
4th day of October, 2004.

Celestia Mays
Notary Public



PIN: 16-10-412-014-0000

Prepared by:
Celestia L. Mays, P.C.
53 West Jackson Blvd., Suite 829
Chicago, IL 60604
(312) 322-1040



Jackie Caldwell Perri
17543 S. Anthony
Country Club Hills IL
60478

Property of Cook County Clerk's Office

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OCTOBER 5, 2004

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.

David Orr
COUNTY CLERK

PERMANENT CERTIFICATE # 899 Nov. 77
TEMPORARY CERTIFICATE 1410
REGISTRATION DISTRICT NO. 1410
REGISTERED NUMBER [REDACTED]

MEDICAL EXAMINER STATE OF ILLINOIS
CERTIFICATE OF DEATH STATE FILE NUMBER 626121

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. **MILDRED C. CALDWELL** FEMALE 3. **NOVEMBER 23, 1977**

RACE WHITE NEGRO AMERICAN INDIAN ETC. (SPECIFY) **4. Negro**
AGE—LAST BIRTHDAY (YES) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR) PLACE OF DEATH COUNTY
5a. **62** 5b. **62** 5c. **62** 6. **May 7, 1915** 7a. **COOK**

CITY, TWP. OR ROAD DISTRICT NUMBER INSIDE CITY (YES/NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. **Chicago** 7c. **yes** 7d. **Mt. Sinai Hospital DOA**

BIRTHPLACE (STATE OR FOREIGN COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
8. **Georgia** 9. **USA** 10. **married** 11. **Jack Caldwell**

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY U.S. WAR VETERAN, WAR OR DATES OF SERVICE (YES/NO)
12. **1261-18-1305A** 13a. **homemaker** 13b. **own home** 13c. **no** 13d.

RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) STREET AND NUMBER
14a. **Illinois** 14b. **Cook** 14c. **Chicago** 14d. **yes** 14e. **207 N. Kostner**

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST
15. **not available** 16. **not available**

INFORMANT'S SIGNATURE RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)
17a. *Jack Caldwell* 17b. **Hsbd** 17c. **207 N. Kostner Chgo. Ill.**

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART I. IMMEDIATE CAUSE
(a) **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**
(b) **IN ASSOCIATION WITH**
(c) **CLINICAL ASTHMA**

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) THROUGH (c) LISTED UNDER LYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I.) **19a. NO** **19b. YES, WHERE FINDINGS CON- sidered in DETERMINING CAUSE OF DEATH**

ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I. OF PART I. ITEM 18)
20a. **NATURAL** 20b. 20c. **M.** 20d.

INJURY AT WORK (YES/NO) PLACE OF INJURY AT HOME (FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)
20e. 20f. 20g.

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND OR THE INQUIRY THIS DEATH OCCURRED ON THE DATE AND AT THE PLACE AND DUE TO THE CAUSE(S) STATED AND THAT **THE DECEDENT WAS PRONOUNCED DEAD ON** AT
21a. 21b. **NOVEMBER 23, 1977** 21c. **8:30 P.M.**

CERTIFIER: 22a. **MEDICAL EXAMINER** *Robert J. Stein, M.D. (Jm.)* DATE SIGNED (MONTH, DAY, YEAR) 22b. **NOVEMBER 24, 1977**
23a. **MEDICAL EXAMINER** *TAE AN MD.* DATE SIGNED (MONTH, DAY, YEAR) 23b. **NOVEMBER 24, 1977**

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. **Burial** 24b. **Oakridge** 24c. **Hillside Illinois** 24d. **Dec. 1, 1977**

FUNERAL HOME NAME STREET AND NUMBER OR R. F. D. CITY OR TOWN STATE ZIP
25a. **Biggs & Biggs Funeral Home, inc. 3246 W. Jackson Chgo. Ill. 60624**

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. *Samuel L. Lewis* 25c. **7990**

LOCAL REGISTRAR'S SIGNATURE DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. *Gregory C. Brown* 26b. **NOV 25 1977**

VP 202 (1-7-77) Illinois Department of Public Health - Office of Vital Records (BASED ON 1968 U.S. STANDARD CERTIFICATE)