SLAND LAKE IL 600-2

DECEASED JOINT TENANCY AFFI Cook County Recorder of Deeds
Date: 10/06/2004 12:05 PM Pg: 1 of 4

Doc#: 0428049090 Eugene "Gene" Moore Fee: \$54.00

STATE OF ILLINOIS COUNTY OF	Order No
Charles L. Wright being duly sworn states that he/she resides residence is otherwise:	76425. (a mphel/ Ave at Chicago, (L 60652 if
That he/she was acquainted with, Janue C. wright his/her death, was one of the owners of the land in Cook Court SEE ATTACHED LEGAL DESCRIPTION	
Or	ertified copy of death certificate
That the deceased died: (please check w'nc't one applies)	
[] X Leaving no Last Will & Testament	
Leaving a Last Will & Testament a copy of which is attached here will should be filed with the Clerk of the Probate Division of the ILLINOIS.	eto. The original of the unproved Circuit Court of Cook County,
Leaving a Last Will & Testament which was filed in the Ur prove Division of the Circuit Court of County, IL about	d Will Box of the Probate
That the total value of the estate of the deceased, including both roby the deceased either individually or in joint tenancy at the time of the deexceed the sum of	eal and personal property owned ath of the deceaced, does not ollars.
Affiants make this affidavit for that purpose of inducing AMERIC to issue its Title Insurance Policy, describing the above-mentioned property X	
Subscribed and sworn to before me by the said Charles On School Wood And Subscribed and sworn to before me by the said Charles Notary Public	L. Wught this 21 day 9-21-04 DATE
•	DATE

I of I

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INDIVIDUAL ACKNOWLEDGMENT

######################################	(1/00-75
State/Commonwealth of	1
County of UOL	SS.
1	
nist /	1. 1/2
On this the day of	tempt to y before
OUNGED AN	Month Year
me, Name of Notary Pul	the undersigned Notary
Public, personally appeared	Mes Li WRIGHT,
70,	Name(s) of Signer(s)
	personally known to me – OR –
	proved to me on the basis of satisfactory
9/	evidence
OFFICIAL SEAL	to be the person(s) whose name(s) is/are
CLARIC'S ETHING NEW	subscribed to the within instrument, and acknowledged to me that he/she/they
My Commission Expuss (2007)	executed the same for the purposes therein
San 25, 2007	slated.
	With SS my hand and official seal.
OFFICIAL SEAL	Marga (eat in
CLARICE EDWARDS Notary Public - State of tilinois	CHUNG THUNKIN
My Commission Expires Jan 29, 2007	1001 Sic nature of Notary Public 1000
	Other Regulired Information (, *rin.se Mame of Notary, Residence, etc.)
	ALSIP ITLOROS
Place Notary Seal and/or Any Stamp Above	5
	Ox.
Although the information in this section is not requ	PTIONAL
persons relying on the document and could prevent of this form to another document.	fraudulent removal and reattachment of Sighe
	Top of thumb here
Description of Attached Document	
Title or Type of Document:	Sed Soint Tenances AFFICIAN
Document Date: 42/04 Numb	per of Pages:
1	
Signer(s) Other Than Named Above:	
\$\$ \$	O. Box 2402 • Chatsworth, CA 91313-2402 • www.nationalno

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STATE OF ILLINOIS OF FIC AL COUNTY Glerk County of Colk OF FIC AL COUNTY Glerk

FEB 13 2003

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.

Sand On

-						
DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		ATE FILE JMBER	
	REGISTERED NUMBER	MEDICAL	CERTIFICATE OF	DEATH		
Type or Print in	DECEASED-NAME	FIRST MIDDLE	LAST SEX	DATE OF DEATH	(MONTH, DAY, YEAR)	
PERMANENT INK See Funeral Directors.	JAN	ICE C.	WRIGHT	FEMALE FEBRU	ARY 9, 2003	
Hospital, or Physicians	eral Directors,					
Handbook for		BIRTHDAY (YRS	MOS. DAYS HOURS MIN.	7	•	
INSTRUCTIONS	4. COOK	5a. 65	5b. 5c. 1	5d. JANUARY 17		
	CITY, TOWN, TOP, CAROAD DISTRI		THER INSTITUTION NAME (IF NOT IN EITHE	R, GIVE STREET AND NUMBER)	IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) FIG. INPATIENT	
A	6a. PALOS NEIGHT	S _{6b.} Pa	ALOS COMMUNITY HOSP	ITAL	6c. INPATIENT	
25054055	BIRTHPLACE (CITY AND STAT_OF) FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MA	AIDEN NAME, IF WIFE)	WAS DECEASED EVER IN U.	
DECEASED	7. CHICAGO, IL.	Ba. MARRIED	8b. CHARLES L. WR	ICHT	ARMED FORCES? (YES/NO	
В	SOCIAL SECURITY NUMBER	U SUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFYONLY		
		4/		Elementary/Secondary (0-12)	College (1-4 or 5+)	
C	10. 339-30-0107	11a. NURSE	11b. HOSPITAL	12.	22	
D	RESIDENCE (STREET AND NUMBER)		Y, TOWN, TWP, OR ROAD DISTRICT N	O. INSIDE CITY	COUNTY	
E	_{13a.} 7642 S. CAMPB	ELL 13	b. CHICAGO	(YESNOYES	_{13d.} COOK	
	STATE ZIP CO	DDE RA JE (VHITE, BLACK IND. AN JE (SPECIFY)	AMERICAN OF HISPANIC ORIGIN?	(SPECIFY NO OR YES-IF YES, SPECI	FY CUBAN, MEXICAN, PUERTO RICAN, etc	
l	13e ILLINOIS 1316	0652 14a.	14b. 🛣 NO [YES SPECIFY:		
	FATHER-NAME FIRST	MIDDLE L'ST		IRST MIDDLE	(MAIDEN) LAST	
PARENTS	15. ROSS	HOR	7E	CATHERINE		
	15. KUDD INFORMANT'S NAME (TYPE OR PRINT				HORAN	
	1			ESS (STREET AND NO. OR R.F.D., CI		
_ 1	_{17a.} CHARLES L. WR				HICAGO, IL.60652	
2	18. PARTI. Enter the	e diseases, or complications that cause or heart failure. List only one cause of	d the deat',.Don't enter the mode of dying,	such as cardiac or respiratory arre	ST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3	Immediate Cause (Final	A	eacri me.			
	disease or condition	Acidosis				
	resulting in death)	JE TO, OR AS A CONSEQUENCE OF		·		
	CONDITIONS, IF ANY	Tail > (1)	12 10			
041105	WHICH GIVE RISE TO (C)) LS(WMW (01) JETO. ORAS A CONSEQUENCE OF	149			
CAUSE	STATING THE UNDERLYING	DE TO, OHAS A CONSEQUENCE OF	· 4			
	CAUSE LAST. (c			.0		
4	PART II. Other significant conditions contri	outing to death but not resulting in the underlyin	g cause given in PART I.	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
5	(honu Rend	Failure Arterior	Donthein	19a. NO	19b.	
N I	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	1		WAS THERE A PREGNANCY IN PAST	
,	20a. 1/27/03	7/	, '	THREE MO	ONTHS?	
· · · · · · · · · · · · · · · · · · ·	I (DID) (DID NOT) ATTEND THE DECE.	20b. Telune han	M		YES □ NO 🗑	
	AND LAST SAW HIM/HER ALIVE ON	11 6	Í FXAMIN	DRONER OR MEDICAL (HOUR IER NOTIFIED? (YESNO)	UFDEATH	
	21a.		2003 21b.	NO 21c.	<u> 11:56 Рм.</u>	
İ	TO THE BEST OF MY KNOWLEDGE, D	EATH OCCURRED AT THE TIME, DA	ITE AND PLACE AND DUE TO THE CAUSE	E(S) STATED. DATE:	SIGNED (MONTH, DAY, YEAR)	
CERTIFIER	22a. SIGNATURE ▶ 1/4	Werr Flenum	m	22b.	2-10-02	
CENTIFIER	NAME AND ADDRESS OF CERTIFIER	(TYPE OR PRINT)		a ILLINO	DIS LICENSE NUMBER	
İ	22c. F. W. / funn (Se Amino MP 11.1.1	0 5 10th Are Oilans	1/1/2 004	036-062103	
_	NAME OF ATTENDING PHYSICIAN IF		EORPRINT)			
() A : 0			,	DEATH	F AN INJURY WAS INVOLVED IN THIS THE CORONER OR MEDICAL EXAMINER	
((, 1 6)	23. BURIAL, CREMATION, CEM	ETERY OR CREMATORY-NAME	li oo reo		E NOTIFIED.	
	REMOVAL (SPECIFY)		LOCATION CITYOR		DATE (MONTH, DAY, YEAR)	
		ST. MARY CEMETE	16.10.	PARK ILLINOIS	₂₄ FEB.13,2003	
DISPOSITION	FUNERAL HOME	NAME STREET A	ND NUMBER OR R.F.D. CI	TY OR TOWN 5	TATE ZIP	
DISPOSITION	25a. BLAKE-LAMB/BEC	VAR FUNERAL HOME	11201 S. HARLEM AV	E., WORTH ILL	INOIS 60482	
1	FUNERAL DIRECTOR'S SIGNATURE	0		FUNERAL DIRECTOR'S ILLIN	IOIS LICENSE NUMBER	
1	25h NOOTE MARKETER	OR REDEXIVERED AT	n ·	03/-0	011832	
	LOCAL REGISTRAR'S SIGNATURE	ASTALICK WAYNES UP		LUC.		
	LOCAL REGISTRAR'S SIGNATURE	\mathcal{L}		DATE FILED BY LOCAL REGI	STRAR (MONT 2003 EAR)	
	26a. >		mw V DEXO	26b.	y ∀	
	VR200 (Rev. 5/89)	Illinois Department of Pul	nic Health Division of Vital Records	(5.45)	ON TOROUT & STANDAGD CERTIFICATE	

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Appendix A

Legal Description

THE SOUTH 15 FEET OF LOT 14 AND LOT 15 EXCEPT THE SOUTH 10 FEET THEREOF IN BLOCK 10 FEET THEREOF IN BLOCK 3 IN FIFTH ADDITION TO HINKAMP AND CO'S WESTERN AVENUE SUBDIVISION, BEING A PART OF BLOCK 39 IN WABASH ADDITION TO CHICAGO IN SECTION 25, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY. ILLINOIS. 1000 COOK COUNTY CLERK'S OFFICE

PIN #: 19-25 408-095