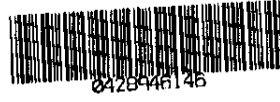


UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT



Doc#: 0428946146
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 10/15/2004 11:50 AM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

Order No. _____

sworn states that Donald McIntyre being duly For Recorder's use only

resides at 5217 S SACRAMENTO
in the CITY of CHICAGO, County of COOK, State of
ILLINOIS

That Donald McIntyre was acquainted with HARRIET McINTYRE deceased
who, at the time of her death was one of the owners of the land in
Cook County, Illinois, legally described as:

P.I.N. 19-12-312-006-0000
Common Address: 5217 S. SACRAMENTO, CHICAGO, IL 60632

That the deceased died December 8, 2003, as evidenced by a
certified copy of the 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 _____

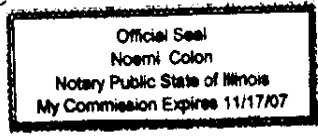
That the total value of the estate of the deceased, including both real
and personal property owned by the deceased either individually or in joint
tenancy at the time of the death of the deceased, does not exceed the sum of
5,000

Affiant makes this affidavit for that purpose of inducing
to issue its Title Insurance Policy, describing
the above-mentioned.

Donald P. McIntyre
AFFIANT

Subscribed and sworn to before me by the said
Donald McIntyre as affiant
this 8th day of October, A.D. 2004

Noemi Colon
NOTARY PUBLIC



UNOFFICIAL COPY

LOT 34 IN EVANS RESUBDIVISION OF BLOCK 5 IN W. H.
PHARE SUBDIVISION OF EAST $\frac{1}{2}$ OF THE SOUTHWEST $\frac{1}{4}$ OF
SECTION 12, TOWNSHIP 38 NORTH RANGE 13, EAST OF
THE THIRD PRINCIPAL MERIDIAN COOK COUNTY ILLINOIS
P. I. N. # 19-12-312-006 VOL 387

LOT 34 IN EVANS RESUBDIVISION OF BLOCK 5 IN W. H. PHARE'S SUBDIVISION OF THE EAST $\frac{1}{2}$ OF THE
SOUTHWEST $\frac{1}{4}$ OF SECTION 12, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN
COOK COUNTY, ILLINOIS.

UNOFFICIAL COPY

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

618106

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 10 2003

1 DECEASED-NAME: **Harriet T. McIntyre** FIRST MIDDLE LAST
 2 COUNTY OF DEATH: **Cook**
 3 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago IL.**
 4 AGE-LAST BIRTHDAY (YRS) MO'S DAY'S: **21 female 3 December 18 2003**
 5 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Holy Cross Hospital**
 6a BIRTHPLACE (GIVE HAND STATE OR FOREIGN COUNTRY): **Chicago IL.**
 6b MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Never Married**
 6c SOCIAL SECURITY NUMBER: **326 247 7830**
 6d NAME OF SURVIVING SPOUSE (MOTHER-IN-LAW): **Donald McIntyre**
 6e USUAL OCCUPATION: **Secretary**
 6f KIND OF BUSINESS OR INDUSTRY: **Berry Bearing**
 6g EDUCATION (SPECIALTY OR HIGH SCHOOL GRADE COMPLETED): **12**
 6h DATE OF DEATH (MONTH, DAY, YEAR): **20 10 2003**
 6i IF HIGHER OR INST. INDICATE D.O.A. OPERATED, N.M., MEXICANT (SPECIFY): **Never M.**
 6j REGISTERED EVER AS AN EMPLOYER? (YES/NO): **NO**

7 RESIDENCE (STREET AND NUMBER): **5217 S. Sacramento**
 8 STATE: **Illinois**
 9 ZIP CODE: **60632**
 10 RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)): **White**
 11 FATHER-NAME FIRST MIDDLE LAST: **Olas Sween**
 12 MOTHER-NAME FIRST MIDDLE LAST: **Agnes**
 13a CITY, TOWN, TWP. OR ROAD DISTRICT: **Chicago**
 13b INSIDE CITY (YES/NO): **Yes**
 13c COUNTY: **Cook**
 14a OF HISPANIC ORIGIN? (SPECIFY AND OR YES-# YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**
 14b SEX: YES SPECIFY: **Female**
 15 INFORMANT'S NAME (TYPE OR PRINT): **Donald McIntyre**
 16 MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP): **5217 S. Sacramento Chicago IL.**

17a IMMEDIATE CAUSE (Final disease or condition resulting in death): **Coronary Artery Disease**
 17b CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) Coronary Artery Disease (b) Hypertensive Heart Disease (c) Cerebrovascular Accident**
 18 PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19 DATE OF OPERATION, IF ANY: **NO**
 20 MAJOR FINDINGS OF OPERATION: **NO**
 21 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z) (aa) (ab) (ac) (ad) (ae) (af) (ag) (ah) (ai) (aj) (ak) (al) (am) (an) (ao) (ap) (aq) (ar) (as) (at) (au) (av) (aw) (ax) (ay) (az) (ba) (bb) (bc) (bd) (be) (bf) (bg) (bh) (bi) (bj) (bk) (bl) (bm) (bn) (bo) (bp) (bq) (br) (bs) (bt) (bu) (bv) (bw) (bx) (by) (bz) (ca) (cb) (cc) (cd) (ce) (cf) (cg) (ch) (ci) (cj) (ck) (cl) (cm) (cn) (co) (cp) (cq) (cr) (cs) (ct) (cu) (cv) (cw) (cx) (cy) (cz) (da) (db) (dc) (dd) (de) (df) (dg) (dh) (di) (dj) (dk) (dl) (dm) (dn) (do) (dp) (dq) (dr) (ds) (dt) (du) (dv) (dw) (dx) (dy) (dz) (ea) (eb) (ec) (ed) (ee) (ef) (eg) (eh) (ei) (ej) (ek) (el) (em) (en) (eo) (ep) (eq) (er) (es) (et) (eu) (ev) (ew) (ex) (ey) (ez) (fa) (fb) (fc) (fd) (fe) (ff) (fg) (fh) (fi) (fj) (fk) (fl) (fm) (fn) (fo) (fp) (fq) (fr) (fs) (ft) (fu) (fv) (fw) (fx) (fy) (fz) (ga) (gb) (gc) (gd) (ge) (gf) (gg) (gh) (gi) (gj) (gk) (gl) (gm) (gn) (go) (gp) (gq) (gr) (gs) (gt) (gu) (gv) (gw) (gx) (gy) (gz) (ha) (hb) (hc) (hd) (he) (hf) (hg) (hh) (hi) (hj) (hk) (hl) (hm) (hn) (ho) (hp) (hq) (hr) (hs) (ht) (hu) (hv) (hw) (hx) (hy) (hz) (ia) (ib) (ic) (id) (ie) (if) (ig) (ih) (ii) (ij) (ik) (il) (im) (in) (io) (ip) (iq) (ir) (is) (it) (iu) (iv) (iw) (ix) (iy) (iz) (ja) (jb) (jc) (jd) (je) (jf) (jg) (jh) (ji) (jj) (jk) (jl) (jm) (jn) (jo) (jp) (jq) (jr) (js) (jt) (ju) (jv) (jw) (jx) (jy) (jz) (ka) (kb) (kc) (kd) (ke) (kf) (kg) (kh) (ki) (kj) (kk) (kl) (km) (kn) (ko) (kp) (kq) (kr) (ks) (kt) (ku) (kv) (kw) (kx) (ky) (kz) (la) (lb) (lc) (ld) (le) (lf) (lg) (lh) (li) (lj) (lk) (ll) (lm) (ln) (lo) (lp) (lq) (lr) (ls) (lt) (lu) (lv) (lw) (lx) (ly) (lz) (ma) (mb) (mc) (md) (me) (mf) (mg) (mh) (mi) (mj) (mk) (ml) (mm) (mn) (mo) (mp) (mq) (mr) (ms) (mt) (mu) (mv) (mw) (mx) (my) (mz) (na) (nb) (nc) (nd) (ne) (nf) (ng) (nh) (ni) (nj) (nk) (nl) (nm) (nn) (no) (np) (nq) (nr) (ns) (nt) (nu) (nv) (nw) (nx) (ny) (nz) (oa) (ob) (oc) (od) (oe) (of) (og) (oh) (oi) (oj) (ok) (ol) (om) (on) (oo) (op) (oq) (or) (os) (ot) (ou) (ov) (ow) (ox) (oy) (oz) (pa) (pb) (pc) (pd) (pe) (pf) (pg) (ph) (pi) (pj) (pk) (pl) (pm) (pn) (po) (pp) (pq) (pr) (ps) (pt) (pu) (pv) (pw) (px) (py) (pz) (qa) (qb) (qc) (qd) (qe) (qf) (qg) (qh) (qi) (qj) (qk) (ql) (qm) (qn) (qo) (qp) (qq) (qr) (qs) (qt) (qu) (qv) (qw) (qx) (qy) (qz) (ra) (rb) (rc) (rd) (re) (rf) (rg) (rh) (ri) (rj) (rk) (rl) (rm) (rn) (ro) (rp) (rq) (rr) (rs) (rt) (ru) (rv) (rw) (rx) (ry) (rz) (sa) (sb) (sc) (sd) (se) (sf) (sg) (sh) (si) (sj) (sk) (sl) (sm) (sn) (so) (sp) (sq) (sr) (ss) (st) (su) (sv) (sw) (sx) (sy) (sz) (ta) (tb) (tc) (td) (te) (tf) (tg) (th) (ti) (tj) (tk) (tl) (tm) (tn) (to) (tp) (tq) (tr) (ts) (tt) (tu) (tv) (tw) (tx) (ty) (tz) (ua) (ub) (uc) (ud) (ue) (uf) (ug) (uh) (ui) (uj) (uk) (ul) (um) (un) (uo) (up) (uq) (ur) (us) (ut) (uu) (uv) (uw) (ux) (uy) (uz) (va) (vb) (vc) (vd) (ve) (vf) (vg) (vh) (vi) (vj) (vk) (vl) (vm) (vn) (vo) (vp) (vq) (vr) (vs) (vt) (vu) (vv) (vw) (vx) (vy) (vz) (wa) (wb) (wc) (wd) (we) (wf) (wg) (wh) (wi) (wj) (wk) (wl) (wm) (wn) (wo) (wp) (wq) (wr) (ws) (wt) (wu) (wv) (ww) (wx) (wy) (wz) (xa) (xb) (xc) (xd) (xe) (xf) (xg) (xh) (xi) (xj) (xk) (xl) (xm) (xn) (xo) (xp) (xq) (xr) (xs) (xt) (xu) (xv) (xw) (xx) (xy) (xz) (ya) (yb) (yc) (yd) (ye) (yf) (yg) (yh) (yi) (yj) (yk) (yl) (ym) (yn) (yo) (yp) (yq) (yr) (ys) (yt) (yu) (yv) (yw) (yx) (yy) (yz) (za) (zb) (zc) (zd) (ze) (zf) (zg) (zh) (zi) (zj) (zk) (zl) (zm) (zn) (zo) (zp) (zq) (zr) (zs) (zt) (zu) (zv) (zw) (zx) (zy) (zz)

22a SIGNATURE OF CERTIFIER: **B.C. Sween**
 22b NAME AND ADDRESS OF CERTIFIER: **B.C. Sween, 6084 Arlington Heights, 60638**
 22c NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **NO**
 23 BIRTHPLACE (GIVE HAND STATE OR FOREIGN COUNTRY): **Chicago IL.**
 24a CEMETERY OR CREMATORY NAME: **Evergreen Cemetery**
 24b STREET AND NUMBER OR R.T.D.: **Evergreen Park Il.**
 24c CITY OR TOWN: **Chicago**
 24d DATE (MONTH, DAY, YEAR): **Dec 11 2003**

25a FUNERAL DIRECTOR'S SIGNATURE: **Thomas W. Inverness Sons**
 25b NAME: **Thomas W. Inverness Sons**
 25c STREET AND NUMBER OR R.T.D.: **7901 S. Kawensaw Ave Chi Il. 60652**
 25d CITY OR TOWN: **Chicago**
 25e STATE: **IL**
 25f DATE (MONTH, DAY, YEAR): **Dec 11 2003**

26a LOCAL REGISTRARS SIGNATURE: **John A. Wilhelms, M.D.**
 26b DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **DEC 10 2003**
 26c FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034011924**
 26d DATE OF DEATH (MONTH, DAY, YEAR): **DEC 10 2003**


 John A. Wilhelms, M.D.
 LOCAL REGISTRAR

CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.