

# UNOFFICIAL COPY

## AFFIDAVIT OF FACTS RELATING TO TITLE

Being first duly sworn according to law, the undersigned (hereinafter "Affiant"), does hereby state under penalties of perjury as follows:

1. My full legal name is: JOHN BOSS AND CAROLYN BOSS
2. By virtue of instrument dated 6-1-89, recorded 6-1-89, in Volume 89264455, Page \_\_\_\_\_ of COOK County Records, title was conveyed to NELLIE BOSS JOHN BOSS and CAROLYN BOSS as Joint Tenants with the right of survivorship to the following described real estate:

LEGAL DESCRIPTION Attached exhibit "B"

3. As evidenced by the certified copy of the death certificate attached NELLIE BOSS is now deceased. See Attached Exhibit "A"
4. The purpose of this Affidavit is to transfer record title of the above described premises to the survivor

Further, the Affiant sayeth naught.

AFFIANT:

John Boss by Carolyn Boss as his attorney in fact Carolyn Boss  
JOHN BOSS CAROLYN BOSS

Sworn to before me and subscribed in my presence this 16<sup>th</sup> day of April, 2004 by Carolyn Boss John Boss



[Signature]  
Notary Public

WHEN RECORDED RETURN TO:  
Old Republic Title  
Attn: Post Closing-Recording  
320 Springside Dr.  
Suite 320  
Akron, OH 44333

20447737-R



Doc#: 0431517061  
Eugene "Gene" Moore Fee: \$50.50  
Cook County Recorder of Deeds  
Date: 11/10/2004 10:13 AM Pg: 1 of 3



S-N  
P-3  
S-YV  
M  
[Signature]

REGISTRATION NO. **16.10**  
DISTRICT NO. **16.10**  
REGISTERED NUMBER  
STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH  
STATE FILE NUMBER **6189471**

DECEASED-NAME **1. Nellie P. BOSS**  
COUNTY OF DEATH **4 Cook**  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **68 Chicago**  
AGE- LAST BIRTHDAY (YRS) **58.08**  
HOSPITAL OR OTHER INSTITUTION- (NAME IF NOT NETHER, GIVE STREET AND NUMBER)  
**60-5824 S. Meade**  
DATE OF DEATH (MONTH, DAY, YEAR) **3. October 3, 1993**

SEX **2 Female**  
DATE OF BIRTH (MONTH, DAY, YEAR) **5d July 20, 1925**  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **6c. Residence**  
NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)  
**8b. John Boss**  
KIND OF BUSINESS OR INDUSTRY **11b. Own Home**  
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
**12. Elementary**

RESIDENCE (STREET AND NUMBER) **10. 353-16-5679**  
CITY, TOWN, TWP. OR ROAD DISTRICT NO. **11a. Homemaker**  
CITY, TOWN, TWP. OR ROAD DISTRICT NO. **13b. Chicago**  
INSIDE CITY (YES/NO) **13c. Yes**  
COUNTY **13d. Cook**

STATE **14. Illinois**  
ZIP CODE **1360638**  
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)  
**14a. White**  
OF HISPANIC ORIGIN? (SPECIFY AND OR YES-# YES; SPECIFY CUBAN, MEXICAN, P. R. OR OTHER) (NO.)  
**14b. NO**  
MOTHER-NAME FIRST MIDDLE LAST  
**16. Cora 17c. Chicago, Illinois 10018**

18. PART I. Cause of Death (Final diagnosis or condition causing in death)  
**17b. Husband**  
Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  
**(a) Carcinoma of the Breast  
(b) Duodenal Ulcer  
(c) Duodenal Ulcer Complication of Breast Carcinoma**

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
DATE OF OPERATION, IF ANY  
**20b. MAJOR FINDINGS OF OPERATION**

20. SIGNATURE  
**20a. SIGNATURE**  
**20b. SIGNATURE**  
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
**22a. 4400 W. 95TH ST., Oak Lawn, IL**

21. DATE SIGNED (MONTH, DAY, YEAR)  
**21c. 8:00P**  
DATE OF DEATH (MONTH, DAY, YEAR)  
**21b. 10/11/93**  
DATE SIGNED (MONTH, DAY, YEAR)  
**22b. 10/5/93**  
ILLINOIS LICENSE NUMBER  
**38-41362**

23. BURNAL, CREMATION, REMOVAL (SPECIFY)  
**24b. Fairmount-Willow Hill**  
CITY OR TOWN  
**Willow Springs, IL**  
FURNERAL HOME  
**EDWARD DYWIDEN**  
CITY OR TOWN  
**CHICAGO STATE IL 60625**  
FURNERAL DIRECTOR'S SIGNATURE  
**25a. 25a Colonial Chapel, 15525 S. 73rd Ave. Orland Park, IL 60462**  
FURNERAL DIRECTOR'S SIGNATURE  
**25b. 25b 34-010425**  
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**28b. OCT 05 1993**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
OCT 05 1993

I, JOYCE A. BRAUNER, MPA, 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 AND 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

# UNOFFICIAL COPY

Deed #: Notes For: 17-20447714

TAX ID#: 19-17-129-042-0000

## EXHIBIT "A"

SITUATE IN COOK COUNTY, STATE OF ILLINOIS:

THE NORTH THIRD OF LOT 3 IN BLOCK 27 IN GARFIELD RIDGE FIRST ADDITION, A SUBDIVISION OF ALL THAT PART OF THE EAST 1/2 OF THE WEST 1/2 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING NORTH OF THE INDIANA HARBOR BELT RAILROAD, IN COOK COUNTY, ILLINOIS.

NOTE: FOR STREET NUMBERING PURPOSES KNOWN AS 5824 SOUTH MEADE AVENUE, CHICAGO, IL.

TAX ID NO. 19-17-129-042-0000

OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY  
320 SPRINGSIDE DR, SUITE 320  
AKRON, OHIO 44333

END OF SCHEDULE A