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World Title Guaranty, Inc.
880 N. York Road
3rd Floor
Elmhurst, IL 60126
Order No.: 041019033 1/2



Doc#: 0435239010
Eugene "Gene" Moore Fee: \$30.00
Cook County Recorder of Deeds
Date: 12/17/2004 09:01 AM Pg: 1 of 4

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)

) ss
County of COOK)

MAXINE BREWER SHAW, being duly sworn states that he/she resides at 8642 S. DREXEL, CHICAGO, IL 60619.

That he/she was acquainted with JAMES SHAW, deceased who, at the time of death was one of the owners of the land in COOK County, Illinois, described as follows:

See attached legal description.

That the deceased died on 3/11/98, 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 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

Affiant makes this affidavit for the purpose of inducing World Title Guaranty, Inc., as agent for Lawyers Title Insurance to issue its Title Insurance Policy describing the above-mentioned property.

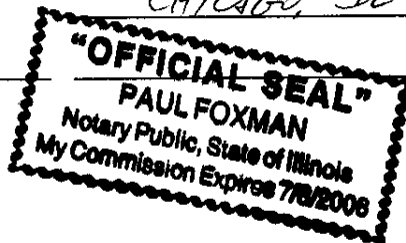
Maxine Brewer Shaw
(Affiant's signature)

Prepared by & Mail to:

MAXINE BREWER SHAW
8642 S. DREXEL
CHICAGO, IL 60619

Subscribed to and sworn before me this 12th day of November, 2004

Paul Foxman
(Notary Public)



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Deceased Joint Tenancy Affidavit - Page 2 Legal Description

LOT 17 (EXCEPT THE NORTH 17 FEET THEREOF) AND LOT 18 IN BLOCK 5 IN WILLIAM ASHTON'S SUBDIVISION OF THE WEST 30 ACRES OF THE SOUTH 60 ACRES OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 20-05-15-055

Property of Cook County Clerk's Office

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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

604461

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAR 16 1998

I, THE CLAYNE, ISM, LOCAL
REGISTERAR 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
BY 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.

1. DECEASED-NAME JAMES COOK	MIDDLE SHAW	LAST SHAW	SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MARCH 11, 1998
4. COUNTY OF DEATH COOK	AGE-LAST BIRTHDAY (YRS) 5a. 84	UNDER 1 DAY 5b. 84	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JULY 30, 1913	
6a. BIRTHPLACE (CITY AND STATE) CHICAGO, ILLINOIS	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. TRINITY HOSPITAL			
7. MARRIAGE STATUS MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. MAXINE BREWER			
8. SOCIAL SECURITY NUMBER 341-05-6131	KIND OF BUSINESS OR INDUSTRY 11b. GENERAL			
9. RESIDENCE (STREET AND NUMBER) 8642 S. DREXEL ILLINOIS	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 9. NO
10. PATHER-NAME LEVI SHAW	MIDDLE SHAW	LAST SHAW	MOTHER-NAME LUCINDA	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
11. INFORMANT'S NAME (TYPE OR PRINT) MAXINE BREWER SHAW	RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 17c. 8642 S Maryland, CHICAGO, IL 60619	DATE OF OPERATION, IF ANY 20b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
12. IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Chronic Pulmonary Hypertension	DUE TO, OR AS A CONSEQUENCE OF 4 months			
13. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Chronic Pulmonary Hypertension	DUE TO, OR AS A CONSEQUENCE OF Months			
14. PART II. Other significant contributors contributing to death but not resulting in the underlying cause given in PART I. (c) Primary Chronic Thromboembolism	DUE TO, OR AS A CONSEQUENCE OF years			
15. DATE OF OPERATION, IF ANY February 6, 1998	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
16. (1)(D) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 6, 1998	HOUR OF DEATH 21c. 9:00 a M			
17. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. Chicago, Illinois	DATE SIGNED (MONTH, DAY, YEAR) 22b. 3/11/98			
18. SIGNATURE AND ADDRESS OF CERTIFIER Edward G. Halsted	ILLINOIS LICENSE NUMBER 22d. J6-57808			
19. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER Edward G. Halsted	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CONSUMER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
20. BIRTHPLACE (CITY AND STATE) CHICAGO, ILLINOIS	CITY OR TOWN CHICAGO	STATE ILLINOIS	DATE (MONTH, DAY, YEAR) 24c. MARCH 17, 1998	
21. CEMETERY OR CREMATORY-NAME BURIAL	FUNERAL HOME 24b. CALAHAM FUNERAL HOME 7030 S. HALSTED, CHICAGO, ILLINOIS 60621			
22. LOCAL REGISTRAR'S SIGNATURE Edward G. Halsted	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-012004			
23. LOCAL REGISTRAR'S SIGNATURE Abdullah Sporn	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAR 16 1998			

THIS CERTIFIED COPY VALID WHEN NOTICOL OR SIGNATURE IS AFFIXED

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P.I.N. 20-35-315-055

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