UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT

0435647112

Doc#: 0435647112
Eugene "Gene" Moore Fee: $26.00
Cook County Recorder of Deeds
Date: 12/21/2004 11:22 AM Pg: 1 of 2

For Recorder's use only

STATE OF ILLINOIS }
} SS.
COUNTY OF }

Order No. _____

DORETHA HARDY being duly sworn states that she resides at 14315 S. PARNELL in the CITY of CHICAGO, County of COOK, State of _____.

That DORETHA was acquainted with WILLA DORSEY deceased who, at the time of her death was one of the owners of the land in COOK County, Illinois, legally described as:
LOT 5 IN BLOCK 2 OF BRAINARDS RESUBDIVISION OF BLOCKS 1 TO 8, AND LOT 11 OF COLE'S SUBD. OF EAST 1/2 OF NW 1/4 OF SECT. 5 TOWNSHIP 37 N RANGE 14 EAST OF TPM.

P.I.N. 25-05-106-006-0000.
Common Address: 1239 W. 87th Street, Chicago IL 60620

That the deceased died JUNE 10, 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 $50,000.

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

Doretha Hardy
AFFIANT

Subscribed and sworn to before me by the said DORETHA HARDY as affiant this 20TH day of DECEMBER, A.D. 2004

OFFICIAL SEAL
KELI LYNN GOLDEN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 08/14/06

Keli Golden
NOTARY PUBLIC

This instrument prepared by and mail to: DORETHA HARDY, 14315 S. PARNELL, CHICAGO, IL 60827

Property of Cook County Clerk's Office

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STATE OF ILLINOIS — STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16:33
REGISTERED NUMBER 380

MEDICAL EXAMINER'S – CORONER'S CERTIFICATE OF DEATH

179 JUN 03

1. DECEASED–NAME FIRST: WILLA MIDDLE: L. LAST: DORSEY
SEX: FEMALE
3. DATE OF DEATH (MONTH, DAY, YEAR): June 10, 2003
4. COUNTY OF DEATH: Cook
5a. AGE–LAST BIRTHDAY (YRS): 71
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): September 26, 1931
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Evergreen Park
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Little Co. of Mary Hospital
6c. IF HOSP. OR INST. INDICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY): Emer. rm.
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Charleston, Mo.
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Frances Dorsey
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 328-24-4880
11a. USUAL OCCUPATION: Homemaker
11b. KIND OF BUSINESS OR INDUSTRY: Domestic
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 08 College (1-4 or 5+): 000
13a. RESIDENCE (STREET AND NUMBER): 1239 West 87th Street
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: Chicago
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60620
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): BLACK
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☒ NO ☐ YES SPECIFY:
15. FATHER–NAME FIRST MIDDLE LAST: Willie L. White
16. MOTHER–NAME FIRST MIDDLE (MAIDEN) LAST: Ella Bynum
17a. INFORMANT'S NAME (TYPE OR PRINT): Doretha Hardy
17b. RELATIONSHIP: Daughter
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 14315 So. Parnell Riverdale, Il. 60627

18. PART I. Enter the diseases, injuries, 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.

Immediate Cause (Final disease or condition resulting in death) → (a) HYPERTENSIVE CARDIOVASCULAR DISEASE

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
DUE TO, OR AS A CONSEQUENCE OF (b)
DUE TO, OR AS A CONSEQUENCE OF (c)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

AUTOPSY (YES/NO) 19a. NO
WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.

20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): NATURAL
20b. DATE OF INJURY (MONTH, DAY, YEAR)
20c. HOUR M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
20e. INJURY AT WORK (YES/NO)
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)
20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE)
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT . . . . . .
21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH: JUNE DAY: 10 YEAR: 03
21c. AT 10:09 P M.

22a. CORONER'S OR MEDICAL EXAMINER'S SIGNATURE: M. Donoghue M.D.
22b. DATE SIGNED (MONTH, DAY, YEAR)

23a. CORONER'S PHYSICIAN'S NAME (Type or Print): J. Scott Denton M.D.
23b. DATE SIGNED (MONTH, DAY, YEAR): June 14, 2003

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY–NAME: Mt. Glenwood Cem.
24c. LOCATION CITY OR TOWN STATE: Glenwood, Il.
24d. DATE (MONTH, DAY, YEAR): June 17, 2003

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Gatling's Chapel Inc. 10133 So. Halsted Chicago, IL. 60628
25b. FUNERAL DIRECTOR'S SIGNATURE: Brudgette Pitt
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034014948

26a. LOCAL REGISTRAR'S SIGNATURE: Lauren M. Cargyel
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): June 16, 2003

VR202 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM # 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTH, STILLBIRTHS, AND DEATHS.

DATE December 17 2004

AT EVERGREEN PARK, ILLINOIS

REGISTRAR Lauren M. Cargyel

DEPUTY REGISTRAR

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