

# UNOFFICIAL COPY



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CHI404856

## AFFIDAVIT AS TO JOINT TENANCY

Doc#: 0501305030  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 01/13/2005 09:35 AM Pg: 1 of 3

State of Illinois )  
) ss.  
County of Cook )

On this 17th day of December, 2004, Affiant

DIANA BROWN being duly sworn on oath swears that the following statements are true and are within the personal knowledge of Affiant:

Affiant DIANA BROWN is the owner of the following property:

### Legal Description

THE NORTH 17 FEET OF LOT THIRTY-EIGHT (38) AND LOT THIRTY-NINE (EXCEPT THE NORTH 10 FEET THEREOF) (39) IN BLOCK ONE (1) IN EDWARD T. NOONAN'S WEST CHICAGO AVENUE ADDITION IN THE SOUTHEAST QUARTER (1/4) OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 835 N TRIPP AVE. CHICAGO, IL, 60651

PARCEL: 16-03-427-008

And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by ARTHUR E. BROWN & DIANA BROWN and that said: ARTHUR E. BROWN (deceased spouse) died on the May 8, 1997. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

NETCO  
415 N. LASALLE  
CHICAGO, IL 60610



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DEC 01 '04 14:01 FROM: NORTH NARRAGANSETT C 17083580083 TO: 480 897 8570 P. 02/02  
 DEC-01-2004 15:38 FROM: NORTH NARRAGANSETT C 17083580083 TO: 480 897 8570 P. 002-003

**Certified Copy of a Death Record**

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.92</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER <b>599</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>							
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
		<b>ARTHUR E. BROWN</b>		<b>2 MALE</b>		<b>3 MAY 8, 1997</b>			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (MAY) MOY DAY		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)			
<b>4. COOK</b>		<b>5a. 46</b>		<b>5c.</b>		<b>5d. JANUARY 10, 1951</b>			
CITY, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN ENTRY, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE DOOR OR PATIENT (SPECIFY)			
<b>6a. PROVISO TOWNSHIP</b>		<b>6b. FOSTER G. MCGAW HOSPITAL</b>				<b>6c. INPATIENT</b>			
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
<b>7. MISSOURI</b>		<b>8. MARRIED</b>		<b>8b. DIANA FREEMAN</b>				<b>9. NO</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
<b>10. 338-42-6027</b>		<b>11a. DRIVER</b>		<b>11b. CTA</b>		<b>12. 12</b>			
RESIDENCE (STREET AND NUMBER)		CITY, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
<b>13a. 835 NORTH WILSON AVENUE</b>		<b>13b. CHICAGO</b>		<b>13c.</b>		<b>13d. COOK</b>			
13c. ILLINOIS		13i. (RACE) <b>14a. BLACK</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY					
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST							
<b>15. UNK</b>		<b>16. ELLEN MARIE BROWN</b>							
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND ROAD, CITY OR TWP, STATE, ZIP)					
<b>17a. RICARDO ESMAO</b>		<b>17b. RECORDS</b>		<b>2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</b>					
18. PART I		Enter the disease, or complication, which 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)		<b>(a) Intracerebral Hematoma</b>							
		DUE TO, OR AS A CONSEQUENCE OF							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST		<b>(b) Hypertension</b>							
		DUE TO, OR AS A CONSEQUENCE OF							
		<b>(c) Chronic Renal Dysfunction</b>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause shown in PART I.		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?					
		<b>19a. No</b>		<b>19b.</b>					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				HOUR OF DEATH			
<b>20a.</b>		<b>20b.</b>				<b>21c. 5:33 P.M.</b>			
H/D/O (DID NOT ATTEND THE DECEASED AND LAST WITH HIM/HER ALIVE ON)		MONTH, DAY, YEAR		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		DATE SIGNED (MONTH DAY YEAR)			
<b>21a. May 8, 1997</b>				<b>21b. Yes</b>		<b>22b. 5/19/97</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
<b>22a. [Signature]</b>		<b>22c. Kevin Yoc</b>		<b>2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</b>		<b>22d. 125-035588</b>			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		DATE (MONTH DAY YEAR)					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN		STATE	
<b>24a. BURIAL</b>		<b>24b. OAKRIDGE</b>		<b>24c. HILLSIDE, IL.</b>		<b>24d. CHGO, IL.</b>		<b>24e. 60644</b>	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE	
		<b>SMITH &amp; THOMAS FUNERAL HOME</b>		<b>5708 W. MADISON ST.</b>		<b>CHGO, IL.</b>		<b>60644</b>	
FUNERAL DIRECTOR'S SIGNATURE		FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
<b>25b. [Signature]</b>		<b>34-0-1650</b>							
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
<b>28a. [Signature]</b>		<b>BROADVIEW ILLINOIS 60153</b>		<b>28b. May 13, 1997</b>					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record of a decedent named as item 1 and that this record was filed and that this copy is in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE **MAY 12 1997** SIGNED **Richard J. Bullis**

AT **BROADVIEW, ILLINOIS 60153** Ill. OFFICIAL TITLE **Local Registrar of Vital Statistics**