0501440295

Doc#: 0501440295
Eugene "Gene" Moore Fee: $28.00
Cook County Recorder of Deeds
Date: 01/14/2005 02:22 PM Pg: 1 of 3

Sanctity of Contract

Stewart Title Company of Illinois

412163

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF) **SS.**

STCI File Number: 412163 1/3

Ivory Henderson being duly sworn states that he resides at 6735 S Damen in the City of Chgo.

That he was acquainted with Barbara Henderson deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

See attached

STEWART TITLE OF ILLINOIS
2 NORTH LaSALLE STREET, SUITE 1920
CHICAGO, IL 60602

That the deceased died February 4, 1997, as evidenced by a certified copy of death certificate of the deceased attached hereto.

X 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 110,000 00 dollars.

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

Subscribed and sworn to before me by the said

affiant

this 30 day of Dec, A.D. 2004

Vanessa Frausto
Notary Public

"OFFICIAL SEAL"
Vanessa Frausto
Notary Public, State of Illinois
My Commission Exp. 06/18/2007

Ivory Henderson
(Affiant's Signature)

Prepared By: Mail To:
Ivory Henderson
2017 S 12th ST
Maywood IL 60153

REGISTERED NUMBER [illegible]

MEDICAL CERTIFICATE OF DEATH

NUMBER 602131

1. DECEASED–NAME: FIRST BARBARA	MIDDLE	LAST HENDERSON	2. SEX FEMALE	3. DATE OF DEATH (MONTH, DAY, YEAR) FEBRUARY 4, 1997	
4. COUNTY OF DEATH: COOK	5a. AGE–LAST BIRTHDAY (YRS): 53	5b. UNDER 1 YEAR MOS. / DAYS	5c. UNDER 1 DAY HOURS / MIN.	5d. DATE OF BIRTH (MONTH, DAY, YEAR): SEPTEMBER 17, 1943	
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: CHICAGO	6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): HOLY CROSS HOSPITAL			6c. IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY): INPATIENT	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): VICKSBURG, MS	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): IVORY HENDERSON		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): NO	
10. SOCIAL SECURITY NUMBER: 425-88-1269	11a. USUAL OCCUPATION: CLERK	11b. KIND OF BUSINESS OR INDUSTRY: BOARD OF ED	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 12	College (1-4 or 5+):	
13a. RESIDENCE (STREET AND NUMBER): 6735 So. DAMEN	13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: CHICAGO	13c. INSIDE CITY (YES/NO): YES	13d. COUNTY: COOK		
13e. STATE: ILLINOIS	13f. ZIP CODE: 60636	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: FRED	MIDDLE	LAST: HOLMES	16. MOTHER–NAME FIRST: MARIETTA	MIDDLE	(MAIDEN) LAST: COLLINS
17a. INFORMANT'S NAME (TYPE OR PRINT): IVORY HENDERSON	17b. RELATIONSHIP: HUSBAND	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 6735 So DAMEN CHGO IL 60636			

18. PART I. Enter the diseases, 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.

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)	(a) ANOXIC ENCEPHALOPATHY	8 days
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	DUE TO, OR AS A CONSEQUENCE OF (b) CARDIAC ARREST	8 days
	DUE TO, OR AS A CONSEQUENCE OF (c) ACUTE MYOCARDIAL INFARCTION	8 days

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

20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	19a. AUTOPSY (YES/NO): NO	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): 2/3/97	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO	21c. HOUR OF DEATH: 3:30 A. M.	

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶ [signature]		22b. DATE SIGNED (MONTH, DAY, YEAR): 2/04/97
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): PARAKRAMA deSILVA, M.D.		ILLINOIS LICENSE NUMBER: 22d. 036 042344
22c. 4248 West 63rd Street, Chicago, Illinois 60629		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL	24b. CEMETERY OR CREMATORY–NAME: MT HOPE	24c. LOCATION CITY OR TOWN: CHICAGO	STATE: ILLINOIS	24d. DATE (MONTH, DAY, YEAR): Feb 8, 1997
FUNERAL HOME NAME:	STREET AND NUMBER OR R.F.D.:	CITY OR TOWN:	STATE:	
25a. FUNERAL DIRECTOR'S SIGNATURE: Taylor Funeral Home LTD	63 E 79TH ST	CHICAGO, IL	60619	
25b. ▶ [signature]		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-006150		
26a. LOCAL REGISTRAR'S SIGNATURE ▶ [signature]		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): FEB 6 1997		

VD200 (Rev. 5/80) Illinois Department of Public Health Division of Vital Records (REVERSE FOR INSTRUCTIONS, STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 6 1997

I, SHEILA LYNE, RSW, 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 BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFCATE 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.

SCHEDULE A
ALTA Commitment
File No.: 412163

LEGAL DESCRIPTION

Lot 175 in Englewood on the Hill First Addition, being a subdivision of the West ½ of the Northwest ¼ of the Southeast ¼ and Northeast ¼ of the Northwest ¼ of the Southeast ¼ of Section 19, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

Authorized Signature

STEWART TITLE COMPANY