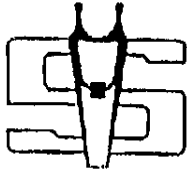


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Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0501920119
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 01/19/2005 02:38 PM Pg: 1 of 3

399934

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF COOK

Commitment Number: TM 157848

Date: 9-15-2004

DONALD HARRIS being duly sworn states that he resides at 5346 S. MORGAN in the City of CHICAGO. That he was acquainted with HARRIS deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described as:

Property Address: 5346 S. MORGAN, CHICAGO, IL
Pin: 20-08-418-041

That the deceased died Feb 4, 2000 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

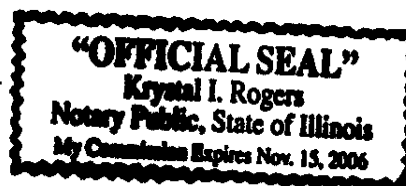
- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the Unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven 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 death of the deceased, does not exceed the sum of _____ dollars.

Donald Harris
Affiant

Subscribed and sworn to before me this 19th day of September, 2004.

Krystal I. Rogers
Notary Public



UNOFFICIAL COPY

BIRTH NO. 46.10
REGISTRAR DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 602214

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 8 2000

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

DECEASED-NAME: WILLIAM HARRIS
FIRST MIDDLE LAST
SEX: 2. MALE
DATE OF DEATH: FEBRUARY 4, 2000 (MONTH, DAY, YEAR)

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: CHICAGO
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 5346 SOUTH MORGAN

CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
INSIDE CITY (YES/NO): YES
COUNTY: Cook

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): CHICAGO, ILLINOIS
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): 8a. MARRIED
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): 8b. Ruthie Sharkey

SOCIAL SECURITY NUMBER: 10. 425-56-6530
USUAL OCCUPATION: 11a. Laborer
KIND OF BUSINESS OR INDUSTRY: 11b. General

RESIDENCE (STREET AND NUMBER): 13a. 5346 So. Morgan
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: CHICAGO
INSIDE CITY (YES/NO): YES
COUNTY: Cook

STATE: ILLINOIS
ZIP CODE: 13b. 60609
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): 14a. Black

FATHER-NAME: 15. B.C. Harris
RELATIONSHIP: 16. Foxine
MOTHER-NAME: 17b. Regard
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 7838 So. Cottage Grove Chicago, IL 60649

17a. **Immediate Cause (Final disease or condition resulting in death)**
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.
17a. *Metastatic colon cancer*
17b. *2 months*

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

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

20a. **DATE OF OPERATION, IF ANY**
20a. *11/99*

20b. **MAJOR FINDINGS OF OPERATION**
20b. *extensive metastatic disease*

21a. **TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.**
21a. *DECEMBER 24, 1999*

22a. **SIGNATURE**
22a. *[Signature]*

22b. **NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)**
22b. *RICHARD ARENAS, MD
5841 SOUTH MARYLAND
CHICAGO, ILLINOIS 60637*

22c. **NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)**
22c. *[Blank]*

23. **BURIAL OR CREMATION**
23a. **CEMETERY OR CREMATORY-NAME**
23a. *VEDAR PARK CEMETERY*

23b. **LOCATION**
23b. *Chicago*

23c. **CITY OR TOWN**
23c. *Chicago*

23d. **STATE**
23d. *Illinois*

23e. **DATE (MONTH, DAY, YEAR)**
23e. *2-12-00*

24a. **FUNERAL HOME**
24a. *VEDAR PARK CEMETERY*

24b. **STREET AND NUMBER OR R.F.D.**
24b. *Chicago*

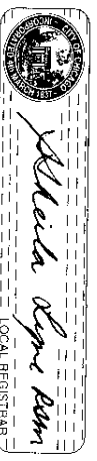
24c. **CITY OR TOWN**
24c. *Chicago*

24d. **STATE**
24d. *Illinois*

25a. **FUNERAL DIRECTOR'S SIGNATURE**
25a. *[Signature]*

25b. **LOCAL REGISTRAR'S SIGNATURE**
25b. *[Signature]*

25c. **DATE (MONTH, DAY, YEAR)**
25c. *FEB 8 2000*



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

File Number: TM157848

UNOFFICIAL COPY
LEGAL DESCRIPTION

Lot 19 in Subdivision of Block 1 of F. Gaylords Subdivision of the Southwest 1/4 of the Southeast 1/4 of Section 8, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

Commonly known as: 5346 South MorganStreet
Chicago IL 60609

Property of Cook County Clerk's Office