## **UNOFFICIAL COPY**

Doc#: 0502147000

Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 01/21/2005 07:12 AM Pg: 1 of 2

T.o. #19893 300

## <u>DECEASED</u> JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )

COUNTY OF COOK

Mail to: John W. Pleta, P.C. 9400 Bormet Drive Suite 7 Mokena, Illinois 50448

DATE: January 7, 2004

DECEDENT: Kenneth J. Seymour

Gena Yonker, hereinafter referred to as the affiant deposes and states that the affiant resides at 11511 South State Street, in the City of Chicago and State of Illinois;

That the decedent at the time of his cleath was one of the owners of the property in Cook County, Illinois, legally described as follows.

SS

Lot 5 in Block 9 in Rosewood Heights, beir g a subdivision of the Southwest 1/4 of the Northeast 1/4 of Section 8, Township 35 North, Range 1/4 East of the Third Principal Meridian, in Cook County, Illinois.

Commonly known as: 66 Judith Lane, Chicago Heights, Illino's 60411

That said decedent died on September 23, 1987, (as evidenced by a certified copy of the death certificate of the deceased attached hereto) leaving a Last Will and Testanent;

That the total value of the estate of said decedent including his/her taxable interest in the above real estate is \$500.00;

That the Illinois Inheritance Tax and Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That if the decedent had a will it was not a joint or mutual will; nor was the survivor of the joint tenant allowed under said will to elect to take any property in lieu of the joint tenancy property.

SUBSCRIBED AND SWORN TO

before me this 44 day of

Maura Wlunul Notary Public Signature: Lena Yorker

Gena Yorker, Affiant

OFFICAFISCIAL SEAL

LAURELAUREN A. RUSSELL

NOTARIOTARY PUBLIC - STATE OF ILLINOIS

MY COMMISSION EXPIRES FEB 6 2008

## **UNOFFICIAL COP**

STRICT NO. 16.32	STATE OF ILLINOIS			
DISTRICT NO. ( C )	. CERTIFICATE	OF DEAT	TH	
KEGISTEKED FOT	CERTITION		DATE OF DEATH	MONTH, DAY, YEAR
NUMBER 0 // MIDDL		SEX MATE	SEPTEMBER	23, 1987
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	Sb. JE.		TER 76.	INPATIENT
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Jony 31	LIMOUR 16.	ING ADDRESS	(STREET AND NO. OR R. F. D	UETCHTS TILINOIS
15.	RELATIONSHIP MAI MEDICAL 17b. RECORDS 17c.	23 CHICAGO	ROAD, CHICAGO	HEIGHTS, ILLINOIS
CAROL HANSEN	17b. RECORDS 17c.	(a) (b) A	NO (C)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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STATING THE UNDER-	O/			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITION	S CONTRIBUTING TO DEATH BUT NO	ELATED TO CAUSE GIVEN	N PART I IN AUTOPSY	IF YES, WERE FINDINGS CON- SIGNED IN DETERMINING CAUSE OF DEATH
PART II. OTHER SIGNIFICANT CONDITIONS	sust = ock	Mycharkit	KWIZ	19b.
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(DD) DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  218. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE  228. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  BANKEN  CHARLEST AND ADDRESS OF CERTIFIER	TIME, DATE AND PLACE AND DL CHAST MA (TYPE OR PRINT)  CHICAG	SAM AF NOTHER	7 21c. STATED. DATE 51 22b.	ATH  12/5 GM M.  9/24/87  CINOIS LICENSE NUMBER  d. 36-46834
(DIDIADID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  218.  TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE  228. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  BANGEN  220. W33 CHICARO  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERT	TIME, DATE AND PLACE AND DE CHICAGO (TYPE OR PRINT)	SAM AF NOTHER SPECIFY YE GRAND THE TO THE CAUSE IS NOT COR	21c.  STATED.  DATE SI  22b.  IL.  22  E: IF AN NJURY WAS INV ONER OF MEIN AL EXAM	ATH  12/5 GM M.  9/24/87  CINOIS LICENSE NUMBER  d. 36-46834
COLUMN ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  218. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE  220. SIGNATURE  HAME AND ADDRESS OF CERTIFIER  220. WAS CHICARD NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERT  23. BURIAL CREMATION. CEMETERY OR CREMAT	TIME, DATE AND PLACE AND DE CHICAGO (TYPE OR PRINT)	SAM OF NOTIFIED SPECIFY YES GROUP TO THE CAUSE IS INC. NOT COR	21c. STATED. DATE SI  22b. IL. 22 E: IF AN NJURY WAS INV ONER OF MECHCAL EXAM	ATH  12/5 AM M.  9/34/87  LINDIS LICENSE HUMBER  d. 36-46834  OLVED IN THIS DEATH THE INER MUST BE NOTIFIED.  DATE (MONTH, DAY, YEAR)
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(DIDIADIO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  218. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE  229. SIGNATURE  HAME AND ADDRESS OF CERTIFIER  220. Why CHARACTER AND CEMETERY OR CREMATE REMOVAL (SPECIFY)  240. BURIAL 1246. HOLY SOPI	TIME, DATE AND PLACE AND DE CHICAGO (TYPE OR PRINT)  ORY—NAME (OCATIO	SAM AF NOTFROS SPECIFY YE GRADE  THE TO WE CAUSE IS  NOT COM  CITY OR TOWN	21c.  STATED.  DATE SI  22b.  IL.  22b.  IL.	ATH  12/5 GM M.  SNED (MO., DAY, YR.)  9/24/87  LINDIS LICERSE HUMBER  d. 36-46834  OLVED IN THIS DEATH THE INER MUST BE NOTIFIED.  124d. Sept. 26 1987  60411  CARO Heights. II
(DIDIADIO NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  218.  TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE  222. SIGNATURE  HAME AND ADDRESS OF CERTIFIER  226. Why CHARACTER OF CARTERIAN CHARACTER OF ATTENDING PHYSICIAN IF OTHER THAN CERT  23.  BURIAL, CREMATION, CEMETERY OR CREMATE REMOVAL ISPECIFY  240. BURIAL PLANTING NAME SIRE  FUNERAL HOME NAME SIRE  PROPORTE O BROS. FUNORS.	TIME, DATE AND PLACE AND DE COMPANY MAN (TYPE OR PRINT)  ORY—NAME (OCATIO)  ORY—NAME (OCATIO)  ORY—NAME (ACATIO)  ORY—NAME (ACATIO)  ORY—NAME (ACATIO)  ORY—NAME (ACATIO)	SAM OF NOTFED SPECIFY YE GROUP TO THE CAUSE IS)  NOT CORN  CITY OF TO  WORTH	21c.  STATED.  DATE SI  22b.  IL.  22b.  IL.	ATH  12/5 GM M.  9/24/87  LINDIS LICERSE HUMBER  36-46854  OLVED IN THIS DEATH THE INER MUST BE NOTIFIED.  DATE (MONTH, DAY, YEAR)  24d. Sopt. 26 1987
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(DD) DID NOT) ATTEND THE DECEASED  AND LAST SAW HIM/HER ALIVE ON  213.  TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE  222. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  222. W23 CHICAGO  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERT  23.  BURIAL CREMATION. CEMETERY OR CREMATION REMOVAL (SPECIFY)  24a. BURIAL PROPERSION NAME  51RE  25a. PANOZZO BROS. FUNORS.  FUNERAL DRECTOR'S SIGNAFURE  TO THE BEST OF MY KNOWLEDGE AS TO THE SIRE  TO THE SIRE  TO THE BEST OF MY KNOWLEDGE AS TO THE SIRE  TO THE SIRE  TO THE BEST OF MY KNOWLEDGE AS TO THE SIRE  TO THE SIRE	TIME, DATE AND PLACE AND DE COMMENTO ORY—NAME (OCATION PLACE AND NUMBER OF R. F. D.  HOMO INC.	SAM AF NOTFROS SPECIFY YE GRADE  THE TO WE CAUSE IS  NOT COM  CITY OR TOWN	21c.  STATED.  DATE SI  22b.  IL  22b.  IL  22c.  STATED.  22c.  IL  22c.  I	SNED (MO., DAY, YR.)  9/34/87  LINDIS LICERSE NUMBER  d. 36 - 46834  OLVED IN THIS DEATH THE INER MUST BE NOTIFIED.  DATE (MONTH, DAY, YEAR)  24d. Sept. 26 1987  60411  Caro Heights. II
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I HEREBY CERTIFY that the foregoing is a true and correct copy of the DEATH RECORD for the deceased in Item No. 1 and that this record was established and filed in my office in accordance with the provisions of the Ilfinois Statutes relating to the registration of births, stillbirths, and deaths.

stillb	irths, a	and deaths.	
د . د ند		SEP 25 1987	SIGNED: John In Costabet
DATE:			THE PART OF THE PA
1 0			CALLE MENTE ATALLE MINISTER