



CHICAGO TITLE INSURANCE COMPANY

171 N. CLARK STREET, CHICAGO, IL 60601

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } ss.

Order No.: 1401 SA3262110 F1

194

Malinda Smith
being duly sworn states that she resides at 1316 N. Parkside
in the City of Chicago

207

That she was acquainted with Frank Lee Smith deceased who, at the time of death,
was one of the owners of the land in Cook County, Illinois, described as:

See Attached



Doc#: 0503202105
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 02/01/2005 08:13 AM Pg: 1 of 3

321210 NA (copy)

That the deceased died 8/31/2004, 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 the death of the deceased, does not exceed the sum of 168,400 dollars.

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

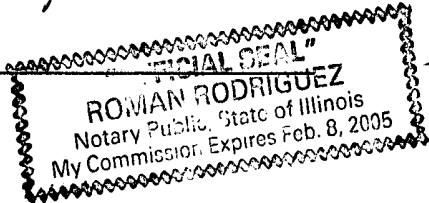
Subscribed and sworn to before me by the said

Affiant
this 19 day of January, A.D. 2005

BOX 304 CT

3/9

[Signature]
Notary Public



[Signature]
(Affiant's Signature)

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

ORDER NUMBER: 1401 SA3262110 F1
STREET ADDRESS: 1316 N. PARKSIDE AVENUE
CITY: CHICAGO **COUNTY:** COOK
TAX NUMBER: 16-05-222-031-0000

LEGAL DESCRIPTION:

THE SOUTH 33 FEET OF THE NORTH 66 FEET OF LOT 69 IN TODD'S SUBDIVISION OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.24	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER 458	MEDICAL CERTIFICATE OF DEATH	

1. DECEASED—NAME FIRST MIDDLE LAST FRANK SMITH		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. AUGUST 31, 2004.
4. COUNTY OF DEATH COOK		AGE—LAST BIRTHDAY (YRS) MOS DAYS 5a. 62	UNDER 1 YEAR UNDER 1 DAY HOURS MIN 5b. 5c.
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER OAK PARK		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) WEST SUBURBAN HOSPITAL	
		6c. IF HOSP. OR INST. INDICATE O O A, OP, EMER, RM, INPATIENT (SPECIFY) INPATIENT	

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Clarksdale MS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Malinda Johnson		WAS DECEASED EVER IN U S ARMED FORCES? (YES/NO) 9. NO	
10. SOCIAL SECURITY NUMBER 425-84-7202		11a. USUAL OCCUPATION Laborer		11b. KIND OF BUSINESS OR INDUSTRY General		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary, Secondary (0-12) College (1-4 or 5-) 12. 12th	
13a. RESIDENCE (STREET AND NUMBER) 1316 N. Parkside		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		13c. INSIDE CITY (YES/NO) yes		13d. COUNTY Cook	
13e. STATE Illinois		13f. ZIP CODE 60651		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.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	

15. FATHER—NAME FIRST MIDDLE LAST JOHN SMITH		16. MOTHER—NAME FIRST MIDDLE LAST NITA LACY	
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17a. INFORMANT'S NAME (TYPE OR PRINT) MALINDA SMITH		17b. RELATIONSHIP WIFE		17c. MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 1316 N. Parkside Chgo. IL. 6065	
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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) sepsis	DUE TO, OR AS A CONSEQUENCE OF	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) metastatic colon cancer	DUE TO, OR AS A CONSEQUENCE OF	
	(c)		

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.
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20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. I (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON	21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. HOUR OF DEATH 10:30 P. M.
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22a. SIGNATURE <i>[Signature]</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) 9/1/04
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 5359 W. Fullerton Ave Chicago IL 60639		22d. ILLINOIS LICENSE NUMBER 036-089206
22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN ANATOMY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24b. CEMETERY OR CREMATORY—NAME OAKRIDGE	24c. LOCATION CITY OR TOWN STATE HILLSIDE ILLINOIS	24d. DATE (MONTH, DAY, YEAR) 9-7-04
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25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP WALLACE FUNERAL HOME 5838 West Division Chicago Illinois 60651			
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25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014334
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26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 03 2004
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VR200 (Rev. 5/89) filed with the Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)



[Signature]
LOCAL REGISTRAR

