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Doc#: 0503503023  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 02/04/2005 09:56 AM Pg: 1 of 2

TITLE ORDER NO.

ESCROW NO.

APN NO.

## AFFIDAVIT OF DEATH OF JOINT TENANT

State of Illinois

County of Cook } ss

Walter L Williams, of legal age, being first duly sworn, deposes and says:

That Rosie A Beasley, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as Walter L Williams and Rosie A Beasley, named as one of the parties in that certain Quick Claim Deed, dated 09-27-1999, executed by Countryside Title Services, Inc to Walter L Williams and Rosie A Beasley, as joint tenants, recorded as Instrument No 09156690 on December 13, 1999, in Book \_\_\_\_\_, Page \_\_\_\_\_, of official Records of Cook County, Illinois, covering the following described property situated in the said County, State of Illinois:

**LOT 4 IN THE SUBDIVISION OF THE WEST 490 FEET OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHEAST 1/4 OF THE NORTH EAST 1/4 OF SECTION 1. TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN,**

25-01-24-027-0000

That the value of all real and personal property owned by said decedent at date of death, including the full value of the property above described, did not then exceed the sum of \$ 77,645.00

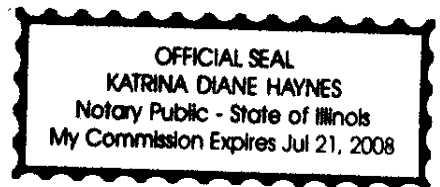
Walter L Williams  
Walter L Williams

RETURN TO:  
Wheatland Title  
39 Mill Street  
Montgomery, IL 60538

Subscribed and Sworn to before me

this 23rd day of Dec, 2004

Katrina Diane Haynes  
Notary Signature KATRINA DIANE HAYNES  
Notary Public Commissioned for said County and State



(This area for notarial seal)

REGISTRATION NO. 16.10  
DISTRICT NO.

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

609842

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

JUN 22 2000

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. ROSIE A. BEASLEY Female June 19, 2000

COUNTY OF DEATH AGE-LAST BIRTHDAY (MOS. | DAYS | HOURS | MIN. | SEC.) DATE OF BIRTH (MONTH, DAY, YEAR)

4. COOK 96 5a 96 5b 5c 5d 5e 5f 5g 5h 5i 5j 5k 5l 5m 5n 5o 5p 5q 5r 5s 5t 5u 5v 5w 5x 5y 5z

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

6a. CHICAGO 6b. TRINITY Hosptal

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

7. MAcon, MS. WIDOWED

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

8. 334-14-3378 11a. housekeeper 11b. Hosptal 12. Elementary (Secondary 1-12) College (1-4 or 5+)

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

3a. 8811 So. RANDOLPH CHICAGO 13c. YES 13d. COOK

ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-1 YES, SPECIFY CUBAN, MEXICAN, or OTHER HISPANIC, etc.)

3e. 60617 14a. 14b. XNO 14c. YES 14d. SPECIFY: MIDDLE

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (M/IDEN) LAST

5. HENRY HARLAN DEAN

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., OR BOX, TOWN, STATE, ZIP)

17a. WALTER L. WILLIAMS 17b. SON 17c. 8811 So. RANDOLPH CHICAGO 60617

DO NOT PRINT. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respil. arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death)

(a) CTE

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

(b) STROKE

(c) ANEMIA

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

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. N/A 20b. N/A

21a. 5/28/2000 21b. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

21c. 10:03 A M

21d. 6-21-2000

22a. SIGNATURE: Sheila Lynn RSM

22b. ILLINOIS LICENSE NUMBER: 036-010650

22c. TNA Sohis MB 9793. Exchange, Ogden, IL

22d. 036-0106508

NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. BURNING BURN DATE WORTH ILLINOIS 24b. JUN 23 2000

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. TALLON FUNERAL HOME, 870 63E 99TH ST CHICAGO, IL 60619

FUNERAL DIRECTOR'S SIGNATURE

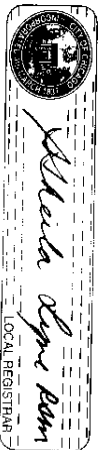
25b. [Signature]

25c. 034-010650

25d. JUN 22 2000

26a. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26b. [Signature] JUN 22 2000



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.