



AMERICAN TITLE CORP.  
1540 N. OLD RAND ROAD  
WAUCONDA, IL 60084  
847-487-9200

**UNOFFICIAL COPY**

**DECEASED JOINT TENANCY AFFIDAVIT**

STATE OF ILLINOIS  
COUNTY OF COOK

Order No.: 1020014

Barbara Fuller being duly sworn states that he/she resides at 1019 E 54th St Chicago IL 60645 indicate if residence is otherwise:

That he/she was acquainted with, Clark Byrd, deceased who, at the time of his/her death, was one of the owners of the land in COOK County, ILLINOIS, described as:

**SEE ATTACHED LEGAL DESCRIPTION**

That the deceased died, Nov 4, 2004 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died: **(please check which one applies)**

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved 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 Unproved Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, ILLINOIS about \_\_\_\_\_ 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 \_\_\_\_\_ dollars.

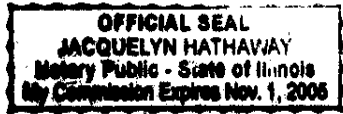
Affiants make this affidavit for that purpose of inducing AMERICAN TITLE CORPORATION to issue its Title Insurance Policy, describing the above-mentioned property.

X Barbara Fuller  
Affiant

Subscribed and sworn to before me by the said Barbara Fuller on this 21st day of January, A.D. 2005

Jacquelyn Hathaway  
Notary Public

01/21/2005 DATE



Doc#: 0504049065  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 02/09/2005 09:35 AM Pg: 1 of 3

# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**NOV 08 2004**

I, JOHN L. WILHELM M.D., 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 CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. <b>18-10</b>	STATE FILE NUMBER <b>615510</b>
REGISTERED NUMBER	
DECEASED-NAME FIRST <b>CLARK</b> MIDDLE LAST <b>BYRD</b> SEX <b>2 MALE</b> DATE OF DEATH (MONTH, DAY, YEAR) <b>3. NOVEMBER 04, 2004</b>	
1. COUNTY OF DEATH <b>COOK</b> DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. DECEMBER 18, 1942</b>	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>	
6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>CHICAGO, IL</b>	
7. SOCIAL SECURITY NUMBER <b>342-32-6645</b>	
10. RESIDENCE (STREET AND NUMBER) <b>1019 E. 54th STREET CHICAGO</b>	
13a. STATE <b>ILLINOIS</b>	
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>BLACK</b>	
15. FATHER-NAME FIRST <b>WESLEY</b> MIDDLE <b>BYRD</b> LAST <b>BYRD</b>	
16. MOTHER-NAME FIRST <b>BANNER</b> MIDDLE <b>JOHNSON</b> LAST <b>JOHNSON</b>	
17a. RELATIONSHIP <b>HOSPITAL</b> MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>5841 SOUTH MARYLAND AVENUE CHICAGO, ILLINOIS 60637</b>	
18. PART I. Immediate Cause (Final disease or condition resulting in death) <b>(a) LIVER FAILURE DUE TO, OR AS A CONSEQUENCE OF</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) <b>DUE TO, OR AS A CONSEQUENCE OF</b>	
CAUSE LAST. (c)	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
DATE OF OPERATION, IF ANY <b>NOVEMBER 04, 2004</b> MAJOR FINDINGS OF OPERATION <b>20b.</b>	
20a. (10)(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>NOVEMBER 04, 2004</b>	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	
22a. SIGNATURE <i>Gerald Sullivan</i> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>5841 SOUTH MARYLAND AVENUE CHICAGO, ILLINOIS 60637</b>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>JOHN KRESS, MD</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>FOREST CREMATORY</b> CEMETERY OR CREMATORY-NAME <b>FOREST CREMATORY</b> LOCATION <b>ROMEDEVILLE, ILLINOIS</b> CITY OR TOWN <b>STATE</b>	
24a. FUNERAL HOME <b>GERALD SULLIVAN</b> STREET AND NUMBER OR R.F.D. <b>25c. 034-011165</b>	
25a. CREMATION SOCIETY OF ILLINOIS <b>6471 N NORTHWEST HWY CHICAGO, ILLINOIS 60631</b>	
25b. LOCAL REGISTRAR'S SIGNATURE <i>John L. Wilhelm</i> NAME <b>JOHN KRESS, MD</b>	
26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>NOV 08 2004</b>	

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## Appendix A

### Legal Description

THE WEST 27.96 OF LOT 1 (EXCEPT THE SOUTH 15 FEET THEREOF) IN BLOCK 14 IN EGANDALE SUBDIVISION OF THE EAST 118 ACRES OF THE SOUTHWEST ¼ OF SECTION 11, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 20-11-322-023

Property of Cook County Clerk's Office