

UNOFFICIAL COPY

1

DECEASED JOINT TENANCY AFFIDAVIT

RETURN TO:

Stephen W. Taylor, Atty.
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462



Doc#: **0505446074**
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 02/23/2005 10:18 AM Pg: 1 of 3

NAME/ADDRESS OF TAXPAYER:

Viola Johnson
5852 West 126th Street
Alsip, IL 60803

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Viola Johnson, being duly sworn, states that she resides at 5852 West 126th Street, Alsip, IL 60803.

That **Viola Johnson** was acquainted with **EDWARD L. JOHNSON**, deceased, who, at the time of his death, was one of the owners of the land in Cook, Illinois, described as:

(SEE REVERSE SIDE FOR LEGAL DESCRIPTION)

Permanent Index No.: **24-29-410-036-0000**

Property Address: **5852 West 126th Street, Alsip, IL 60803**

That the deceased died, 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 Cook, Illinois.

 X Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook, Illinois, on December 20, 2004.

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 require the payment of Federal or State Inheritance taxes.

UNOFFICIAL COPY

Affiant makes this affidavit for the purpose of inducing the title company to issue its title insurance policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

VIOLA JOHNSON

this 17th day of January, A.D. 2005.

[Signature]

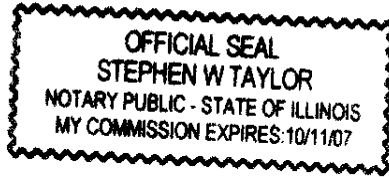
Notary Public

[Signature]

VIOLA JOHNSON

This Instrument Prepared By:

Stephen W. Taylor, Atty
DeBruyn, Taylor and DeBruyn Ltd.
15252 S. Harlem Avenue
Orland Park, IL 60462



LEGAL DESCRIPTION

Lot 168 in Chippewa Ridge Subdivision, being a Subdivision of part of the West 1/2 of the Southeast 1/4 of Section 29, Township 37 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No.: 24-29-410-036-0000

Property Address: 5852 West 126th Street, Alsip, IL 60803

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE May 3, 2001
 At Cook County Dept. of Public Health
 1010 Lake Street
 Oak Park, IL 60301

SIGNED Carol R. Compton
 Official Title Chief Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

1. DECEASED-NAME EDWARD		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
2. COUNTY OF DEATH COOK		3. AGE-LAST BIRTHDAY (YRS)		4. UNDER 1 YEAR		5. 1-12 MONTHS		6. 1-12 YEARS		7. 13-19 YEARS	
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER PALOS HEIGHTS		5. \$1.82		6. \$1.82		7. \$1.82		8. \$1.82		9. \$1.82	
6. PALOS HEIGHTS		7. PALOS COMMUNITY HOSPITAL		8. VIOLA DE RUTER		9. VIOLA DE RUTER		10. VIOLA DE RUTER		11. VIOLA DE RUTER	
8. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL		9. MARRIED, ANCESTRY, DIVORCED, WIDOWED, SINGLE, SEPARATED, RE-MARRIED, USUAL OCCUPATION		10. SELF-EMPLOYED		11. CENTRE POINT, ILLINOIS		12. CENTRE POINT, ILLINOIS		13. CENTRE POINT, ILLINOIS	
7. SOCIAL SECURITY NUMBER 320-18-8212		10. RESIDENCE (STREET AND NUMBER) 5852 WEST 126th STREET		11. CITY, TOWN, TWP. OR ROAD DISTRICT NO. ALSTP		12. RESIDENCY (YES/NO) YES		13. COUNTY COOK		14. WAS DECEASED IN U.S. ARMED FORCES? (YES/NO) YES	
13. STATE ILLINOIS		14. ZIP CODE 60803		15. RACE (WHITE, BLACK, AMERICAN INDIAN, NEGRO) WHITE		16. OF HIS PARENTS ORIGIN? (SPECIFY NO OR YES) YES		17. SPECIFY: (MEXICAN, MEXICAN AMERICAN, HISPANIC, PORTUGUESE, SPANISH) YES		18. INPATIENT	
15. FATHER-NAME James H. Johnson		16. MOTHER-NAME Anna Madsen		17. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL		18. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL		19. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL		20. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL	
17a. DECEASED'S NAME (TYPE OR PRINT) VIOLA JOHNSON		17b. RELATIONSHIP SPOUSE		17c. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL		17d. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL		17e. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL		17f. MARRIAGE ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 5852 WEST 126th STREET, ALSTP, IL	
18. PART I: Immediate Cause (Final diagnosis or condition resulting in death) Myocardial Infarction Blood Disease		19. (a) DUE TO, OR AS CONSEQUENCE OF		20. (b) DUE TO, OR AS CONSEQUENCE OF		21. (c) DUE TO, OR AS CONSEQUENCE OF		22. (d) DUE TO, OR AS CONSEQUENCE OF		23. (e) DUE TO, OR AS CONSEQUENCE OF	
20a. DATE OF OPERATION, IF ANY		20b. VAJIR FININGS OF OPERATION		20c. AUTOPOSTY (YES/NO)		20d. MORE AUTOPSY (YES/NO)		20e. MORE AUTOPSY (YES/NO)		20f. MORE AUTOPSY (YES/NO)	
20a. DATE OF OPERATION, IF ANY		20b. VAJIR FININGS OF OPERATION		20c. AUTOPOSTY (YES/NO)		20d. MORE AUTOPSY (YES/NO)		20e. MORE AUTOPSY (YES/NO)		20f. MORE AUTOPSY (YES/NO)	
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22. SIGNATURE OF CERTIFIER James J. Teras		23. NAME AND ADDRESS OF CERTIFIER James J. Teras		24. DATE SIGNED May 2, 2001		25. ILLINOIS LICENSE NUMBER 036 D45846		26. NOTE: IF AN INDIAN WAS INVOLVED IN THIS DEATH THE COMMISSIONER OF MEDICAL EXAMINERS MUST BE NOTIFIED.	
25a. FUNERAL HOME Colonial Chapel		25b. FUNERAL DIRECTOR'S SIGNATURE Carol R. Compton		25c. LOCAL REGISTRAR'S SIGNATURE Karen L. Scott, M.D.		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 3, 2001		25e. FEDERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60462		25f. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 3, 2001	