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Doc#: 0506718041
Eugene "Gene" Moore Fee: \$30.50
Cook County Recorder of Deeds
Date: 03/08/2005 10:10 AM Pg: 1 of 4

FIRST ILLINOIS TITLE GUARANTY CORP.
1749 S. Naperville Rd., Suite 207
Wheaton, Illinois 60187

Phone: 630.588.3040
Fax: 630.588.3045
FIRST.ILLINOIS.TITLE@ATT.NET

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

FIT ORDER # 25010052

County of Cook

Patricia A. Ware

, being duly sworn and for the purpose of inducing First Illinois Title Guaranty Corp. to issue the subject policy covering the hereinafter described land, states as follows:

1. That she resides at 7100 West 95th Street, Unit 106, Oak Lawn, IL 60453-2071
2. That she was acquainted with William James Ware, who died on January 25, 2000, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of the land described in the above order number;
4. That said decedent died:
 - Leaving no Last Will and Testament
 - Leaving a Last Will and Testament, a copy of which is attached
5. The total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes, does not exceed \$ 500,000.00

Subscribed and Sworn to before me by the aforesaid Affiant, this 18th day of February, 2005.

Patricia A. Ware

Signature of Affiant
Patricia A. Ware

Joseph L. Houdek
Notary Public

My commission expires _____



12CC

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LF 283
CF 350246



STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER
1746874

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEDENT'S NAME (First, Middle, Last) WILLIAM JAMES WARE		2 SEX Male	3 DATE OF DEATH (Month, Day, Year) Jan. 25, 2000
4a AGE - Last Birthday (Years) 64	4b UNDER 1 YEAR MONTHS: _____ DAYS: _____	4c UNDER 1 DAY HOURS: _____ MINUTES: _____	5 DATE OF BIRTH (Month, Day, Year) October 3, 1935
7a LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c.) 6747 Burtonwood		7b IF HOSP OR INST Inpatient, Op/Emer Room, DOA (Specify)	6 COUNTY OF DEATH Oakland
8 SOCIAL SECURITY NUMBER 359-26-2193		9a USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Guard	9b KIND OF BUSINESS OR INDUSTRY Currency Transportation
10a CURRENT RESIDENCE - STATE Illinois	10b COUNTY Cook	10c LOCALITY (Check one box and specify) <input checked="" type="checkbox"/> INSIDE CITY OR VILLAGE OF <input type="checkbox"/> TWP. OF Oaklawn	10d STREET AND NUMBER 7100 West 95th Street
10e ZIP CODE 60453	11 BIRTHPLACE (City and State or Foreign Country) Chicago, IL	12 MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married	13 SURVIVING SPOUSE (If with, give name before first married) Patricia Ann Scully
15 ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc (Specify below) Irish		16 RACE - American Indian, Black, White, etc If Asian, give nationality i.e. Chinese, Filipino, Asian Indian, etc (Specify below) White	14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes
18 FATHER'S NAME (First, Middle, Last) William JOHN Ware		17 DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
19 MOTHER'S NAME (First, Middle, Surname before first married) Mary Ellen Neary		14 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) Yes	
20a INFORMANT'S NAME (Type/Print) Patricia A. Ware		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, ZIP Code) 7100 West 95th Street, Oaklawn, Illinois 60453	
21. METHOD OF DISPOSITION - Burial, Cremation, Removal, Donation, Other (specify) Burial		22a PLAC. OF DISPOSITION (Name of Cemetery, Crematory, or other place) St. Mary Cemetery	22b. LOCATION - City or Village, State Evergreen Park, Illinois
23. SIGNATURE OF FUNERAL SERVICE LICENSEE <i>Michael D. Withun</i> Michael D. Withun		24 LICENSE NUMBER (of Licensee) 6863	25 NAME AND ADDRESS OF FACILITY A.J. Desmond & Sons Funeral Directors 2600 Crooks Road, Troy, Michigan 48064
26 PART I Enter the diseases, injuries, 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.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		Approximate Interval Between Onset and Death 26 MONTHS	
a. METASTATIC MALIGNANT MELANOMA		DUE TO (OR AS A CONSEQUENCE OF)	
b. _____		DUE TO (OR AS A CONSEQUENCE OF)	
c. _____		DUE TO (OR AS A CONSEQUENCE OF)	
d. _____		DUE TO (OR AS A CONSEQUENCE OF)	
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I			
28. ACTUAL PLACE OF DEATH (Home, Nursing Home, Hospital, Ambulance) (Specify) DWELLING		29. WAS CASE REFERRED TO MEDICAL EXAMINER? (Specify Yes or No) NO	27a WAS AN AUTOPSY PERFORMED? (Yes or No) NO
30a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated ADULT		27b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
30b DATE SIGNED (Mo., Day, Yr.) JANUARY 26, 2000		30c TIME OF DEATH 1:30 PM	
30d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		31a (Check one only) <input type="checkbox"/> The case reviewed and determined not to be a medical examiner's case. <input checked="" type="checkbox"/> On the basis of examination and of investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
31b. DATE SIGNED (Mo., Day, Yr.)		31c CASE NUMBER	
31d PRONOUNCED DEAD (Mo., Day, Yr.) ON		31e TIME OF DEATH M	
32a. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type or Print) DR. ANNETTE CARRON BEAUMONT HOSPICE, 811 SOUTH BLVD. #300 R.H.M.		32b LICENSE NUMBER 48307 011445	
33a. ACC SUICIDE, HOM, NATURAL OR PENDING INVEST. (Specify)		33b DATE OF INJURY (Mo., Day, Yr.)	
33c. TIME OF INJURY M		33d DESCRIBE HOW INJURY OCCURRED	
33e INJURY AT WORK (Specify Yes or No)		33f PLACE OF INJURY - At home, farm, street, factory, office building, etc (Specify)	
33g LOCATION - Street or RFD No. City, Village or Twp. State		34a REGISTRAR'S SIGNATURE <i>W. Coulter</i> W. COULTER	
34b DATE FILED (Month, Day, Year) JAN 28, 2000			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

MEDICAL EXAMINER

MEDICAL EXAMINER

STATE OF MICHIGAN
COUNTY OF OAKLAND

UNOFFICIAL COPY

I, G. William Caddell, County Clerk for the County of Oakland, Clerk of the Circuit Court thereof, the same being a court of Record, and having a Seal, do hereby certify that the foregoing is a copy of the record now remaining in my office.

In Testimony, Whereof, I have hereunto set my hand and affixed the seal of said Court
this 11TH day of FEBRUARY, A.D. 2000

G. WILLIAM CADDELL, County Clerk-Register of Deeds

By:  Deputy Clerk

C-51 (11-99)

Property of Cook County Clerk's Office

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LEGAL DESCRIPTION

UNIT 106 AS DELINEATED ON THE SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE. LOT 1 IN CAGO DEVELOPMENT 95TH STREET AND NOTTINGHAM AVENUE SUBDIVISION OF PART OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 6, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION RECORDED AS DOCUMENT 22788882, TOGETHER WITH THE UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS AS SET FORTH IN SAID DECLARATION.

The Real Property or its address is commonly known as 7100 WEST 95TH STREET, UNIT #106, OAK LAWN, IL 60453-2071. The Real Property tax identification number is 24-06-301-045-1006

PROPOSED
COOK County Clerk's Office