

UNOFFICIAL COPY

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Record

DECEASED JOINT TENANCY AFFIDAVIT

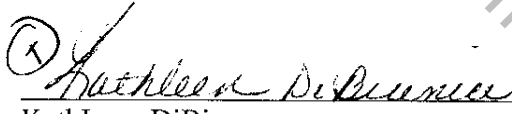
STATE OF ILLINOIS)
)SS. DATE: October 5, 2005
COUNTY OF COOK) FILE NUMBER: 040725000091

I, KathLeen DiBianca, being first duly sworn, for the purpose of inducing Attornys' Title Guaranty Fund, Inc., to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That she resides at 606 West 129th Place, Chicago, Illinois 60628.
2. That he she was acquainted with Michael T. Battle, her Husband, who died on August 26, 2003 as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners in the land to wit:

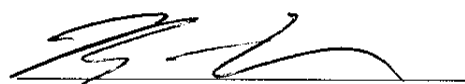
PIN: 25-33-113-070-0000

Address: 606 West 129th Place, Chicago, Illinois
4. That said decedent died leaving no last will and testament.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate and Federal Tax purpose does not exceed \$100,000.00.


KathLeen DiBianca

Subscribed and sworn to before me this 5 day of Oct, 2004.




Notary Public



Doc#: 0509026142
Eugene "Gene" Moore Fee: \$46.00
Cook County Recorder of Deeds
Date: 03/31/2005 03:19 PM Pg: 1 of 2

ATGF, INC.

08/29/2004

13:46 773-735-8651

UNOFFICIAL COPY STANDARD FILING STATE OF ILLINOIS

STATE FILE NUMBER

REGISTERED NUMBER 582

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

A DECEASED B C D E

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED—NAME FIRST MIDDLE LAST: MICHAEL T. BATTLE

2. SEX: Male

3. DATE OF DEATH (MONTH, DAY, YEAR): AUGUST 26 2003

4. COUNTY OF DEATH: Cook

5. AGE—LAST BIRTHDAY (YRS) MO. DAYS HOURS MIN.: 58, 31, 5b. UNDER 1 YEAR UNDER 1 DAY

6. DATE OF BIRTH (MONTH, DAY, YEAR): December 31, 1951

7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago Heights

8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): St. James Hospital

9. IF HOSP. OR INST. INDICATE D.O.A. OR IEMER. RM. INPATIENT (SPECIFY): Hospice

10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Ill.

11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Kathleen Cortez

13. SOCIAL SECURITY NUMBER: 358-44-3654

14. USUAL OCCUPATION: Grounds Trans Monitor

15. KIND OF BUSINESS OR INDUSTRY: O'Hare Airport

16. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12th

17. RESIDENCE (STREET AND NUMBER): 606 West 129th Place

18. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago

19. INSIDE CITY (YES/NO): Yes

20. COUNTY: Cook

21. STATE: Illinois

22. ZIP CODE: 60628

23. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): Black

24. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): NO

25. FATHER—NAME FIRST MIDDLE LAST: Rogers Battle

26. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST: Ada Higginbotham

27. INFORMANT'S NAME (TYPE OR PRINT): Mr. Kathleen DiBianca Battle

28. RELATIONSHIP: Wife

29. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 606 W. 129th Place Chgo., IL, 60628

30. 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.

31. IMMEDIATE CAUSE (Final disease or condition resulting in death): (a) LUNG CANCER

32. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:

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

34. DATE OF OPERATION, IF ANY: 20a.

35. MAJOR FINDINGS OF OPERATION: 20b.

36. AUTOPSY (YES/NO): 19a. No

37. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): 19b.

38. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?: 20c. YES NO

39. (1) DID (OR NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 21a. 8-26-03

40. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): 21b. No

41. HOUR OF DEATH: 21c. 10:05 M.

42. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE, AND DUE TO THE CAUSE(S) STATED.

43. SIGNATURE: 22a. [Signature]

44. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): 22b. 8-27-03

45. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): 22c. M. LONGI 1423 CHICAGO RD CHICAGO ILL 60611

46. ILLINOIS LICENSE NUMBER: 22d. 036-089100

47. BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. BURIAL

48. CEMETERY OR CREMATORY—NAME: 24b. HOLY SEPULCHRE

49. LOCATION CITY OR TOWN STATE: 24c. WORTH, ILLINOIS

50. DATE (MONTH, DAY, YEAR): 24d. AUG. 30, 2003

51. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: 25a. A.A. RAYNER & SONS 318 EAST 71 STREET CHICAGO ILLINOIS 60619

52. FUNERAL DIRECTOR'S SIGNATURE: 25b. [Signature]

53. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 036-009357

54. LOCAL REGISTRAR'S SIGNATURE: 26a. [Signature]

55. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. August 28 2003

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 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: AUG 28 2003

SIGNED: [Signature]

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

Birthplate

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)