

# UNOFFICIAL COPY



Doc#: 0510202145  
Eugene "Gene" Moore Fee: \$28.50  
Cook County Recorder of Deeds  
Date: 04/12/2005 09:23 AM Pg: 1 of 3

Property of Cook County Clerk's Office

- DEED
- MORTGAGE
- ASSIGNMENT
- POWER OF ATTORNEY
- RELEASE
- \_\_\_\_\_

RETURN TO:

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

ss.

Order No. 2002794

EVELYN S. BAKER being duly sworn

states that she resides at 6930 INDIANA STREET in the City of CHICAGO, IL. 50637

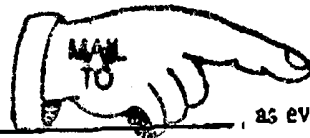
That she was acquainted with JOHNNIE C. BAKER

deceased who, at the time of his death, was one of the owners of the land in COOK County, Illinois, described as:

THE NORTH 30 FEET OF LOT 7, IN BLOCK 7, IN NORTH LANCASTER'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 22, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE 3RD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

*prepared by  
return to  
Evelyn Baker  
6930 Indiana  
Chgo, Ill  
60637*

*pin # 20-29-314-028*



That the deceased died 10/31/2004, 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 \_\_\_\_\_ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

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 exceed the sum of \_\_\_\_\_ dollars.

Affiant makes this affidavit for that purpose of inducing the Commonwealth Land Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said



this 17th day of March, 2005 A.D. 19\_\_

*Cheryl M. Krudup*  
Notary Public

*Evelyn S. Baker*  
(Affiant's Signature)

UNOFFICIAL COPY

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
615541

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER  
 DECEASED-NAME **JOHN LIE** MARITAL STATUS **W**  
 BIRTH-DATE **05/80** BIRTH-PLACE **IL**  
 DEATH-DATE **03/05/2004** DEATH-PLACE **CHICAGO**  
 SEX **M** AGE **24** DATE OF BIRTH **05/08/1980**

DEATH-PLACE **CHICAGO** COUNTY OF DEATH **COOK**  
 CITY, TOWN, VILLAGE OR ROAD DISTRICT NUMBER  
**6330 S Indiana**  
 HOSPITAL OR OTHER INSTITUTION-DATE OF ADMISSION (OR OTHER ADMISSION)  
**St. Mary's Hospital**  
 DATE OF ADMISSION **03/05/2004**  
 ICD-10 CODE **J62.0** ICD-9 CODE **496.01**  
 CAUSE OF DEATH **Lung Cancer**

1. **COOK** COUNTY OF DEATH **COOK**  
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STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

FEB 25 2005

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 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH



John L. Wilhelm, M.D.  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

08:04:27 P.3. 02-25-2005

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Vital Records 3127446111

TOTAL P.03