

# UNOFFICIAL COPY



TCA-0503-05266

## Deceased Joint Tenant Affidavit

Doc#: 0513216119  
Eugene "Gene" Moore Fee: \$50.50  
Cook County Recorder of Deeds  
Date: 05/12/2005 11:37 AM Pg: 1 of 3

State of Illinois )

County of )

ROBERT MARSHALL Being duly sworn states that he/she resides  
(AFFIANT)  
1331 N W ST in the City of Chicago

That he/she was acquainted with BERNICE MARSHALL deceased, who at the  
time of his/her death, was one of the owners of the land in Cook County, IL  
described as:

See Exhibit "A" attached hereto and made a part hereof

That the deceased died on FEBRUARY 19, 1997, as evidenced by a  
certified copy of the death certificate of the deceased attached hereto.

That the deceased died:  leaving no Last Will & Testament

N/A Leaving a Will & Testament a copy of  
which is attached hereto. The original unproved will, should be filed with the Clerk of the  
Probate Division of the Circuit Court of \_\_\_\_\_ County, IL.

Leaving a Last Will & Testament which  
was filed in the Unproved Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_  
County, IL, about the date of \_\_\_\_\_

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 \$ 0.

Affiant makes this affidavit for the purpose of inducing Title Company of America, Inc./ Lawyers  
Title Insurance Corporation, to issue its Title Insurance Policy, describing the above mentioned  
property.

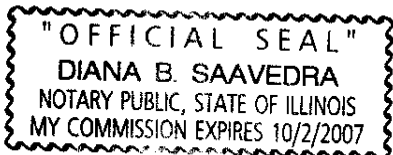
Robert Marshall  
(AFFIANT)

Subscribed and sworn to before me this

8th Day of  
APRIL, 2004

S No  
P3

Diana B Saavedra  
NOTARY PUBLIC



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STATE OF ILLINOIS  
STATE FILE NUMBER  
**1631**  
REGISTRATION DISTRICT NO. **81**  
REGISTERED NUMBER

## MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **BERNICE MARSHALL** SEX **F** DATE OF DEATH (MONTH, DAY, YEAR) **19, 1997**  
 COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY (YRS) **77** UNDER 1 YEAR UNDER 1 DAY  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **BLUE ISLAND** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **SAINT FRANCIS HOSPITAL** INPATIENT  
 4 **COOK** 5a. **77** 5b. **77** 5c. **5d. APRIL 17th, 1919** 5e. **5d. APRIL 17th, 1919**

6a. **BLUE ISLAND** 6b. **SAINT FRANCIS HOSPITAL** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO** 7a. **MARRIED** 7b. **ROBERT L. MARSHALL**  
 SOCIAL SECURITY NUMBER **10 347-24-4741** 8a. **MARRIED** 8b. **ROBERT L. MARSHALL**  
 RESIDENCE (STREET AND NUMBER) **13d 331 WEST 111st** 11a. **HOME MAKER** 11b. **OWN HOME** 11c. **CHICAGO** 11d. **CHICAGO**  
 STATE **ILLINOIS** ZIP CODE **13d 60643** 14a. **INDIAN, AMERICAN** 14b. **BLACK** 14c. **OTHER** 14d. **OTHER**  
 FATHER-NAME **RUPUS PHELPS** 15a. **PHILIP** 15b. **PHILIP** 15c. **PHILIP** 15d. **PHILIP** 15e. **PHILIP**

16. **ROBERT L. MARSHALL** 17. **THUS BAND** 18. **THUS BAND** 19. **THUS BAND**  
 16. **PHILIP** 17. **PHILIP** 18. **PHILIP** 19. **PHILIP**  
 16. **PHILIP** 17. **PHILIP** 18. **PHILIP** 19. **PHILIP**

20a. **N.A.** 20b. **N.A.** 20c. **N.A.** 20d. **N.A.**  
 20a. **N.A.** 20b. **N.A.** 20c. **N.A.** 20d. **N.A.**

21a. **18-47** 21b. **18-47** 21c. **18-47**  
 21a. **18-47** 21b. **18-47** 21c. **18-47**

22a. **Signature** 22b. **Signature** 22c. **Signature**  
 22a. **Signature** 22b. **Signature** 22c. **Signature**

23. **Signature** 24. **Signature** 25. **Signature**  
 23. **Signature** 24. **Signature** 25. **Signature**

26. **Signature** 27. **Signature** 28. **Signature**  
 26. **Signature** 27. **Signature** 28. **Signature**

29. **Signature** 30. **Signature** 31. **Signature**  
 29. **Signature** 30. **Signature** 31. **Signature**

32. **Signature** 33. **Signature** 34. **Signature**  
 32. **Signature** 33. **Signature** 34. **Signature**

35. **Signature** 36. **Signature** 37. **Signature**  
 35. **Signature** 36. **Signature** 37. **Signature**

I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at 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

Certified To Be a True and Correct Copy of Original

DATE **FEB 23 1997** SIGNED **[Signature]**  
 AT BLUE ISLAND, ILLINOIS OFFICIAL TITLE, LOCAL REGISTRAR

# UNOFFICIAL COPY

Commitment Number: 0503-05266

## EXHIBIT A PROPERTY DESCRIPTION

The land referred to in this Document is described as follows:

LOT 13 IN BLOCK 2 IN GRIFFIN'S SUBDIVISION OF BLOCKS 1,2,3, AND 4 OF STREET'S SUBDIVISION OF THE NORTH 1/2 OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 IN SECTION 20, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN #: 25-20-103-012-0000

CKA: 1331 W. 111TH STREET, CHICAGO, ILLINOIS 60643

Property of Cook County Clerk's Office