

# UNOFFICIAL COPY



0515104148

CME 437963

## AFFIDAVIT AS TO JOINT TENANCY

Doc#: 0515104148  
Eugene "Gene" Moore Fee: \$50.00  
Cook County Recorder of Deeds  
Date: 05/31/2005 02:47 PM Pg: 1 of 3

State of Illinois )  
County of Cook ) ss.

NETCO  
415 N. LASALLE  
CHICAGO, IL 60610

On this 17th day of May, 2005, 2005, Affiant

DELORES JEAN BRUCE being duly sworn on oath swears that the following statements are true and are within the personal knowledge of Affiant:

Affiant DELORES JEAN BRUCE is the owner of the following property:

### Legal Description

LOT 19 IN BLOCK 1 IN MERIGOLD'S RESUBDIVISION OF THE NORTH 50 ACRES OF THE EAST HALF OF THE NORTH EAST QUARTER OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL NUMBER: 16-22-207-011

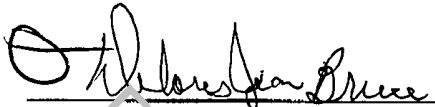
COMMONLY KNOWN AS 1233 KOMENSKY CHICAGO, IL 60623

And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by LEE CURTIS BRUCE & DELORES JEAN BRUCE and that said: CURTIS BRUCE (deceased spouse) died on the March 29, 2004. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

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IN WITNESS WHEREOF, Affiant DELORES JEAN BRUCE executed and caused these presents to be signed as of the day and year first above written.


  
DELORES JEAN BRUCE



State of Illinois )

County of Cook ) ss

Subscribed and sworn to before me the day and year above written.

  
Notary Public

My Commission Expires: 8-4-2005

This instrument was prepared (without an examination of title) by: Patrick W. Walsh, P.C., 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.

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CERTIFICATION OF VITAL RECORD

OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16-24</b>	STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER <b>160</b>		<b>MEDICAL CERTIFICATE OF DEATH</b>				
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS  DECEASED  PARENTS  CAUSE  CERTIFIER  DISPOSITION	DECEASED-NAME FIRST MIDDLE LAST <b>1 CURTIS BRUCE</b>		SEX <b>2 MALE</b>	DATE OF DEATH (MONTH DAY YEAR) <b>3 MARCH 29, 2005.</b>		
	COUNTY OF DEATH <b>4 COOK</b>		AGE-LAST BIRTHDAY (YRS) MOSE DAYS <b>5a 70</b>	UNDER 1 YEAR UNDER 1 DAY <b>5b 5c</b>	DATE OF BIRTH (MONTH DAY YEAR) <b>5d December 24, 1934</b>	
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a OAK PARK</b>		HOSPITAL OR OTHER INSTITUTION (NAME IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b WEST SUBURBAN HOSPITAL</b>		IF HOSP OR INST. INDICATE I.O.A. (OPERATED RM, INPATIENT) (SPECIFY) <b>6c EMER. RM</b>	
	DIR. (P.F. AGE CITY AND STATE OR FOREIGN COUNTRY) <b>7 Drew Ms.</b>		MARRIED, NEVER MARRIED, WIDWED, DIVORCED (SPECIFY) <b>8a Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <b>8b Delores Jean Hailey</b>		WAS (PLEASE CHECK) RHEUMATISM, GOUT, OR GONORRHEA? (YES/NO) <b>8c Yes</b>
	SOCIAL SECURITY NUMBER <b>10 338-80-8096</b>		USUAL OCCUPATION <b>11a Laborer</b>	KIND OF BUSINESS OR INDUSTRY <b>11b Car Dealer</b>	EDUCATION (SCHOOL ONLY) (HIGH SCHOOL GRADE COMPLETED) <b>12 8th</b>	College (1-4 or 5-7)
	RESIDENCE (STREET NUMBER) <b>13a 1233 S. Komensky</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b Chicago</b>		INSIDE CITY (YES/NO) <b>13c Yes</b>	COUNTY <b>13d Cook</b>
	STATE <b>13e Illinois</b>		ZIP CODE <b>13f 60623</b>	RACE (WHITE, BLACK, AMERICAN INDIAN OR ISLAMO) <b>14a Black</b>	OF HISPANIC ORIGIN? (SPECIFY MO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN etc.)	
	FATHER-NAME FIRST MIDDLE LAST <b>15 William C. Bruce</b>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>16 Magnolia Heslep</b>		INFORMANT'S NAME (TYPE OR PRINT) <b>17a Delores J. Bruce</b>	
	RELATIONSHIP <b>17b Wife</b>		MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c 1233 S. Komensky Chicago IL 6062</b>		PART I. Enter the disease, or combination of diseases, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or organ failure. List only one cause on each line. <b>18 (a) Acute myocardial infarction</b>	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		DUE TO, OR AS A CONSEQUENCE OF		DURATION OF ILLNESS (IN HOURS) <b>1 day</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) Uncontrolled diabetes mellitus</b>		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. <b>19 Uncontrolled diabetes mellitus</b>		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) <b>19a No</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>19b</b>	
(10) (20) (30) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>20a June 14, 2004</b>		WAS CORPSE OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b</b>		HOUR OF DEATH <b>21c 5:06 P. M.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>22a SIGNATURE</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22c Jon Beran MD 4909 W. Division Chgo, IL 60651</b>		DATE SIGNED (MONTH DAY YEAR) <b>22d March 30 2005</b>		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>23</b>		BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a Burial</b>		IF ILLINOIS LICENSE NUMBER <b>24c 136-053733</b>		
CEMETERY OR CREMATORY-NAME <b>24b Oakridge Cemetery</b>		LOCATION CITY OR TOWN STATE <b>24c Hillside, IL.</b>		DATE (MONTH DAY YEAR) <b>24d April 5, 2005</b>		
FUNERAL HOME NAME, STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>25a A.R. Leak Memorial Chapel 5744 W. North Ave. Chicago, IL 60639</b>		FUNERAL DIRECTOR'S SIGNATURE <b>25b Gakia Houston</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c 034-015808</b>		
LOCAL REGISTRAR'S SIGNATURE <b>26a Georgen Polynk MD</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b APR 04 2005</b>		NOTE: IF ANNUALLY WAS INVOLVED IN THIS DEATH, THE LOCAL REGISTRAR OR MEDICAL EXAMINER MUST BE NOTIFIED.		



Georgen Polynk MD LOCAL REGISTRAR



ANY ALTERATION OR FRAUDULENT USE OF THIS CERTIFICATE IS A CRIME