

# UNOFFICIAL COPY



Doc#: 0518046135  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 06/29/2005 11:35 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook

} ss.

Order No. \_\_\_\_\_

Ronald Joel Stewart + Josephine Stewart being duly sworn

states that we reside at 4519 So. Laramie in the City of

Chicago, IL 60638

That I ~~we~~ were acquainted with Rosevelt Stewart

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

Legal: LOT 33 AND LOT 34 IN BLOCK 13 IN FREDRICK H. BARTLETT'S CENTRAL CHICAGO SUBDIVISION IN THE SOUTH EAST 1/4 OF SECTION 4 AND THE NORTH EAST 1/4 AND THE SOUTH EAST 1/4 OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Assessor's/Tax ID No. 19-04-416-007-008

Property Address: 4519 SOUTH LARAMIE AVENUE, CHICAGO, IL 60638

That the deceased died of a Myocardial Infarction, 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 \$125,000 (Property/Estate) dollars.

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

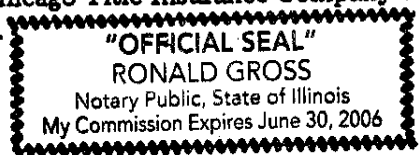
Subscribed and sworn to before me by the said

Ronald Joel Stewart

this 29th day of June, A.D. 2005

[Signature]

Notary Public



Ronald Joel Stewart  
(affiant's signature)

332560155 SD D.L. 26

STATE FILE NUMBER

**MEDICAL CERTIFICATE OF DEATH**

601279

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 10

REGISTERED NUMBER

1. DECEASED-NAME: **Roosevelt Stewart** SEX: **Male** DATE OF DEATH: **Jan. 20, 2001**

2. COUNTY OF DEATH: **Cook** DATE OF BIRTH: **April 23, 1931**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** IF HOSP. OR INST. INDICATE D.O.A. (PREMIER RM. INPATIENT) (SPECIFY): **inpatient**

4. AGE LAST BIRTHDAY (YRS): **69** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Rush-Pres-St. Luke's Medical Center**

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married** WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO): **9. NO**

6. SOCIAL SECURITY NUMBER: **10427 56 1632** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **Josephine Tucker**

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Lexington, MS** 8. KIND OF BUSINESS OR INDUSTRY: **General** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **College (1-4 or 5+)**

8. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **Black** 9. INSIDE CITY (YES/NO): **13c. Yes** COUNTY: **Cook**

9. FATHER-NAME: **Clyde Stewart** 10. MOTHER-NAME: **Ollie** 11. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **4519 South Laramie, Chicago 60638**

12. RELATIONSHIP: **Wife** 13. IMMEDIATE CAUSE (Final disease or condition resulting in death): **(a) Myocardial Infarction**

13. WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) DUE TO OR AS A CONSEQUENCE OF Small Bowel Obstruction**

14. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: **(c) DUE TO OR AS A CONSEQUENCE OF Osteo Arthritis**

15. DATE OF OPERATION, IF ANY: **Jan. 3, 2001** MAJOR FINDINGS OF OPERATION: **Osteo Arthritis**

16. (DO) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **Jan. 20, 2001**

17. TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **W. Congress Pkwy Chg 160612**

18. NAME AND ADDRESS OF CERTIFIER: **Dr. Laura Smiricky 1653 W. Congress Pkwy Chg 160612**

19. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **John A. Wilhelm, M.D.**

20. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Oakridge** 21. CEMETERY OR CREMATORY-NAME: **Corbin Colonial Chapel**

21. BURIAL: **Burial** 22. STREET AND NUMBER OR R.F.D.: **5345 West Madison** CITY OR TOWN: **Chicago** STATE: **Illinois** ZIP: **60644**

23. LOCAL REGISTRAR'S SIGNATURE: **John A. Wilhelm, M.D.** FUNERAL DIRECTOR'S SIGNATURE: **John A. Wilhelm, M.D.**

24. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JAN 25 2001** DATE OF DEATH: **Jan. 20, 2001**

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

JAN 25 2001

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 OF BIRTHS, STILLBIRTHS AND DEATHS 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 ORDINANCE OF SAID LAWS AND ORDINANCES.

*John A. Wilhelm, M.D.*

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS AFFIXED OVER REGISTRAR'S SIGNATURE.