

# UNOFFICIAL COPY

## DECEASED JOINT TENANT AFFIDAVIT



0518447084

STATE OF ILLINOIS }  
                              } SS.  
COUNTY OF                 }

Doc#: 0518947084  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 07/08/2005 04:09 PM Pg: 1 of 3

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

I being duly sworn states that I

For Recorder's use only

resides at 15723 S Peggy Lane # 2  
in the CITY of OAK FOREST, County of COOK, State of  
ILLINOIS.

That ARMANDINA BOWDOIN was acquainted with Melvin Bowdoin deceased who, at the time of his death was one of the owners of the land in COOK County, Illinois, legally described as:

P.I.N. 28-17-416-008-1086 DB1

Common Address: 15723 Peggy Lane #2 OAK Forest IL 60452

That the deceased died 3/12/97, as evidenced by a certified copy of the 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 COOK 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 200,000.00.

Affiant makes this affidavit for that purpose of inducing \_\_\_\_\_ to issue its Title Insurance Policy, describing the above-mentioned.

Armandina Bowdoin  
AFFIANT

"OFFICIAL SEAL"  
DIANE M. POWELL  
Notary Public, State of Illinois  
My Commission Expires 02/07/2008

Subscribed and sworn to before me by the said

ARMANDINA BOWDOIN as affiant  
this 8th day of July, A.D. 2005

Diane M. Powell  
NOTARY PUBLIC

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WITNESSETH, That the said first party, for good consideration and for the sum of

TEN

Dollars (\$10.00)

the said second party, the receipt whereof is hereby acknowledged, does hereby remise, release and quitclaim unto the cond party forever, all the right, title, interest and claim which the said first party has in and to the following described of land, and improvements and appurtenances thereto in the County of COOK of ILLINOIS to wit:

Unit 8-2 in Shibui South Condominium, as Delineated on a Survey ~~attached as Exhibit A~~ to Declaration of Condominium Ownership and of Easements, Restrictions, Covenants and By-Laws for Shibui South Condominium, made by American National Bank and Trust Company of Chicago, as Trustee Under Trust Agreement Dated January 1, 1984, and Known as Trust No. 61991, Recorded March 5, 1993, as Document 93168945, as Amended from time to time, in the West 3/4 of the West 1/2 of the Southeast 1/4 of the Southeast 1/4 of Section 17, Township 36 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois, Together with its Undivided Percentage Interest in the Common Elements, as amended from time to time.

IN # 28-17-416-008-1086-031

Common ADDRESS: 15723 O Peggy LANE #2  
OAK FOREST, IL  
60452

Cook County Clerk's Office

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## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 1671  
 REGISTERED NUMBER 77  
 DECEASED-NAME Melvin Bowdoin FIRST MIDDLE LAST  
 SEX Male  
 DATE OF DEATH (MONTH, DAY, YEAR) March 2, 1997

COUNTY OF DEATH Cook  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Oak Forest  
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT MEMBER, GIVE STREET AND NUMBER) 15723 Peggy Lane, #2  
 AGE-LAST BIRTHDAY (YRS, MOS, DAYS) 69  
 UNDER 1 YEAR 1. UNDER 1 DAY 2. UNDER 1 DAY 3. DATE OF BIRTH (MONTH, DAY, YEAR) May 22, 1929  
 IF HOSP OR INST. INDICATED O.A. NUMBER AND SPECIFY (SPECIFY)

6a. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) Montgomery, AL  
 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married  
 NAME OF SURVIVOR'S SPOUSE (MARRIED NAME, IF WIFE) Armenidina Chapa  
 8. SOCIAL SECURITY NUMBER 417-34-4183  
 USUAL OCCUPATION Guard  
 KIND OF BUSINESS OR INDUSTRY Security  
 EDUCATION (SPECIFY ON HIGHEST GRADE COMPLETED) 12  
 9. RESIDENCE (STREET AND NUMBER) 15723 Peggy Lane  
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. Oak Forest  
 INSIDE CITY (YES/NO) Yes  
 COUNTY Cook

13a. STATE Illinois ZIP CODE 60452  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White  
 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Oak Forest  
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)  
 13c. YES Yes 13d. SPECIFY: Reynolds

15. FATHER-NAME FIRST MIDDLE LAST Mallard Bowdoin  
 16. MOTHER-NAME FIRST MIDDLE LAST Lorraine Reynolds  
 17a. INFORMANT'S NAME (TYPE OR PRINT) Armenidina Bowdoin  
 17b. RELATIONSHIP Wife  
 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 15723 Peggy Ln. Oak Forest, IL 60452

18. PART I. Immediate Cause (Final disease or condition resulting in death)  
Renal myeloma - Renal Syndrome  
 Enter the diseases, conditions, which 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.

18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given to PART I.  
Chronic renal failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) CHRONIC DISEASE OR (c) CAUSE LAST.  
 (a) Renal myeloma  
 (b) Chronic renal failure  
 (c) Chronic renal failure

20a. DATE OF OPERATION, IF ANY  
 MAJOR FINDINGS OF OPERATION  
 20b. DATE OF OPERATION, IF ANY  
 MAJOR FINDINGS OF OPERATION

21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
 21a. (M/D) (NOT ATTEND THE DECEASED) (MONTH, DAY, YEAR) 2/7/95  
 21b. (M/D) (SAW HIM/HER ALIVE ON) (MONTH, DAY, YEAR) 2/7/95  
 21c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO  
 21d. HOURS OF DEATH 8:15 P. M.  
 21e. DATE SIGNED (MONTH, DAY, YEAR) March 4, 1997  
 21f. ILLINOIS LICENSE NUMBER 036-078539

22. SIGNATURE (TYPE OR PRINT) Robert J. Mejicano  
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) R. J. Mejicano, MD 10000 W. 151st Street Orland Park, IL  
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY) Montgomery, AL  
 24a. BIRTHDAY (YRS, MOS, DAYS) 69  
 24b. BIRTHDAY (YRS, MOS, DAYS) 69  
 24c. DATE OF BIRTH (MONTH, DAY, YEAR) May 22, 1929  
 24d. DATE OF BIRTH (MONTH, DAY, YEAR) May 22, 1929  
 24e. DATE OF BIRTH (MONTH, DAY, YEAR) May 22, 1929

25a. FUNERAL HOME Chapel Hill Gardens South Funeral Home 11333 S. Central Worth, IL 60482  
 25b. FUNERAL DIRECTOR'S SIGNATURE David J. Quigley  
 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-010876  
 25d. DATE FILED BY CLERK (MONTH, DAY, YEAR) Mar 4 1997

26a. LOCAL REGISTRAR'S SIGNATURE John E. Brown  
 26b. LOCAL REGISTRAR'S SIGNATURE John E. Brown  
 26c. DATE FILED BY CLERK (MONTH, DAY, YEAR) Mar 4 1997  
 26d. DATE FILED BY CLERK (MONTH, DAY, YEAR) Mar 4 1997

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE DECEDENT NAMED IN 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 STILLBIRTHS, BIRTHS AND DEATHS.  
 DATED: Mar 4 1997  
 SIGNED: John E. Brown LOCAL REGISTRAR  
 SIGNED: John E. Brown DEPUTY REGISTRAR, AT TINLEY PARK, ILLINOIS

Property of Illinois State Board of Health