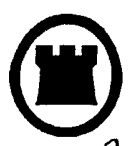


#25027390 ①

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

6100205002 *DATE*

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } ss.

Order No: 1408 TEST0000 45-



Doc#: 0520805151
Eugene "Gene" Moore Fee: \$50.00
Cook County Recorder of Deeds
Date: 07/27/2005 10:55 AM Pg: 1 of 3

DIANE HUDSON
being duly sworn states that I resides at 946 E. 192ND PLACE
in the City of GLENWOOD, IL

That I was acquainted with DAVID HUDSON deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

*Mail to: Manis Consumer Lending Center
Prepared by: 3800 Wolf Rd Ste 300
P.O. Box 5041
Rolling Meadows, IL 60008*

That the deceased died DECEMBER 18, 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 the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

DIANE HUDSON
this 7th day of JULY, A.D. 2005

Janet L Kester
Notary Public



Diane Hudson
(Affiant's Signature)

DJT/AF

2/21

BOX 334 CTI

3/8

UNOFFICIAL COPY

07/05/2005 14:32 FAX

HARRIS CHICAGO HEIGHTS

003

REGISTRATION DISTRICT NO. 16.32		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 971		MEDICAL CERTIFICATE OF DEATH			
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. DAVID HUDSON		2. MALE	3. DECEMBER 18, 2004		
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK		5a. 66	5b. MOS.	5c. DAYS	5d. MARCH 07 1938
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OPERMER. P.M. INPATIENT (SPECIFY)	
6a. CHICAGO HEIGHTS		6b. ST. JAMES HOSPITAL AND HEALTH CENTERS		6c. INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. Philadelphia, MS.		8a. Married		8b. Diane Wilson	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
10. 427-66-4097		11a. Mill laborer		11b. U.S. Steel	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
13a. 946 E. 192nd Place		13b. Glenwood		12. 10th	
STATE		ZIP CODE		INSIDE CITY (YES/NO)	
13c. Illinois		13d. 60425		13c. YES	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
15. Booker T. Hudson		16. Ann Lee Rush		14a. Black	
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. Diane Hudson		17b. Wife		17c. 946 E. 192nd Pl. Glenwood, IL 60425	
18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Use only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) LUNG CANCER WITH METASTASIS			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) LIVER FAILURE			MO
		(c) MULTI-ORGAN FAILURE			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a.		20b. Failure		18a. NO	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)			
20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. NO			
HOUR OF DEATH		DATE SIGNED			
21c. 3:53 A.M.		22b. 12/19/04			
SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			
22a. [Signature]		22c. [Address]			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
23. [Signature]		22d. 0368250			
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER WILL BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
24a. Burial		24b. Washington Mem. Gdns		24c. 700 Ridge Rd. Homewood, IL	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP	
25a. Progressive Funeral Parlor		7208 S. Stony Island Chap. IL 60649			
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. [Signature]		25c. 034-068788		26b. December 28, 2004	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. [Signature]					

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 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.

DATE: **DEC 28 2004**

SIGNED: **[Signature]**

AT: **CHICAGO HEIGHTS, IL 60411**

TITLE: **LOCAL REGISTRAR**

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

UNOFFICIAL COPY

STATE OF ILLINOIS

State of Illinois:
LOT 435 IN BROOKWOOD POINT NO. 7, BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE
NORTHEAST 1/4 AND PART OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 35
NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS
946 E 192nd Place, Glenwood, IL 60425. The Real
The Real Property or its address is commonly known as
Property tax identification number is 32-11-115-013

Property of Cook County Clerk's Office