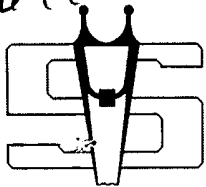


# UNOFFICIAL COPY



Doc#: 0521505043  
Eugene "Gene" Moore Fee: \$28.00  
Cook County Recorder of Deeds  
Date: 08/03/2005 09:57 AM Pg: 1 of 3

441279 112



Sanctity of Contract

Stewart Title Company of Illinois

MAILED & PREPARED BY

HUGH STONE

10143 S. BEVERLY

CHGO ILL 60643



## DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 440769

STATE OF ILLINOIS )  
COUNTY OF Cook )

SS.

being duly sworn states that HUGH STONE resides at 10143 S. BEVERLY in the City of CHGO

That he was acquainted with EMMA STONE deceased who, at the time of death, was one of the sworn of the land in CHGO County, Illinois, describes as:

'SEE ATTACHED'

32

That the deceased died 2-9-95, 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 \_\_\_\_\_.

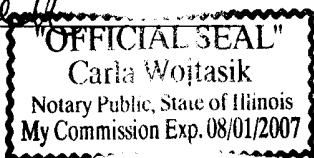
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$1M, 000-00 dollars.

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

Subscribed and sworn to before me by the said

this 22 day of July, A.D. 2005

Carla Wojtasik  
Notary Public



Hugh Stone  
(Affiant's Signature)

STEWART TITLE OF ILLINOIS  
2 N. LaSalle Street  
Suite 625  
Chicago, IL 60602  
312-849-4243

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

JULY 21, 2005

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
STATE FILE NUMBER  
COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.31</b>		STATE OF ILLINOIS	
		REGISTERED NUMBER <b>72</b>		MEDICAL CERTIFICATE OF DEATH	
1. DECEASED-NAME FIRST MIDDLE LAST <b>EMMA STONE</b>			2. SEX <b>FEMALE</b>	3. DATE OF DEATH (MONTH DAY YEAR) <b>FEBRUARY 9, 1995</b>	
4. COUNTY OF DEATH <b>COOK</b>		AGE-LAST BIRTHDAY (YRS) 5a. <b>76</b>	UNDER 1 YEAR 5b.	UNDER 1 DAY 5c.	DATE OF BIRTH (MONTH DAY YEAR) 5d. <b>APRIL 13 1918</b>
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Blue Island</b>		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>ST FRANCIS</b>		6c. IF HOSP. OR INST. INDICATE D.O.A. OF HOSP. RM. INFIRMANT (SPECIFY) <b>PATIENT</b>	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>PENNSYLVANIA</b>		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>HUGH B STONE</b>		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <b>NO</b>
10. SOCIAL SECURITY NUMBER <b>332-16-8373</b>		11a. USUAL OCCUPATION <b>DISPENSER</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>U.S. TREASURY</b>	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>ST</b> College (1-4 or 5+)	
13a. RESIDENCE (STREET AND NUMBER) <b>10143 S BEVERLY</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>	13c. INSIDE CITY (YES/NO) <b>YES</b>	13d. COUNTY <b>COOK</b>	
13e. STATE <b>ILLINOIS</b>		13f. ZIP CODE <b>60643</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>BLACK</b>	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>NO</b>	
15. FATHER-NAME FIRST MIDDLE LAST <b>NOT AVAILABLE</b>			15. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>NOT AVAILABLE</b>		
17a. INFORMANT'S NAME (TYPE OR PRINT) <b>HUGH B STONE</b>		17b. REL. TO DECD. <b>SON</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) <b>10143 S BEVERLY CHICAGO ILL 60643</b>		
18. PART I. Enter the diseases, or complications that caused the death. Do not include the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) <b>CARDIAL ARRYTHMIA</b>			<b>29 YR</b>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF			
		(c) 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.					AUTOPSY (YES/NO) <b>NO</b>
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	
21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH DAY YEAR) AND LAST SAW HIM/LIVE ON <b>2/8/95</b>			21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>	21c. HOUR OF DEATH <b>7:25 A.M.</b>	
22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				22b. DATE SIGNED (MONTH DAY YEAR) <b>2/9/95</b>	
22a. SIGNATURE <i>[Signature]</i>			22b. ILLINOIS LICENSE NUMBER <b>36062358</b>		
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>W. EVANS 2605 W LINCOLN HWY. ULYMPIA</b>			22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>FIELDS 60461</b>		
23. BURIAL/CREMATION REMOVAL (SPECIFY) <b>CREMATION</b>		23a. CEMETERY OR CREMATORY-NAME <b>OSKIND</b>	23b. LOCATION, CITY OR TOWN, STATE <b>COOK ILLINOIS</b>	23c. DATE (MONTH DAY YEAR) <b>FEB 14 1995</b>	
24a. FUNERAL HOME NAME <b>TAYLOR FUNERAL HOME LTD 63 E 79th</b>			24b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	24c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-010650</b>	
25a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			25b. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) <b>FEB 10 1995</b>		

See or Print in Permanent Ink Manual Directors, etc., or Physicians Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

710 VOL. per. F. Dir. WK

**UNOFFICIAL COPY**

ALTA COMMITMENT  
Schedule A - Legal Description  
File Number: TM184617  
Assoc. File No: ston0705

**STEWART TITLE**

**GUARANTY COMPANY**  
HEREIN CALLED THE COMPANY

**COMMITMENT - LEGAL DESCRIPTION**

Lots 28 and 29 in Block 1 in Washington Heights Subdivision of the South 100 acres of the Southwest quarter of Section 8 and the East half of the Southeast quarter of Section 7, all in Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN # 25-08-308-023  
25-08-308-024

Property of Cook County Clerk's Office