

UNOFFICIAL COPY

Counselors' Title
Company, L.L.C.
Deceased Joint Tenant
Affidavit

0502900



Doc#: 0522905299 Fee: \$28.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 08/17/2005 12:37 PM Pg: 1 of 3

Now comes **Lillie Mae Stewart**, being duly sworn and for the purposes of inducing Counselors' Title Company, L.L.C. to delete all title exceptions caused by the death of **Edward Stewart and Barbara Stewart**, states:

1. That the Affiant resides at **5422 South May Street, Chicago IL 60605**;
2. That the Affiant was acquainted with said decedent who died on 04/7/2002 as evidenced by the certified copy of death certificate attached hereto; *Edward*
3. That said decedent was one of the owners of land; *12/18/1985 Barbara*

___ described in the subject file, or;

Legally described as follows:

Lot 32 in Block 5 in Gaylord's Subdivision of the Southwest Quarter of the Southwest Quarter of Section 8, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

4. That said decedent died:

Leaving no Last Will and Testament;

___ leaving a Last Will and Testament, a copy of which is attached hereto;

___ leaving a last Will and Testament, which was filed in the unproven will box of the Probate Division of the circuit Court of Cook County, IL on _____.

5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ _____.
6. Affiant further sayeth not.

Lillie Mae Stewart

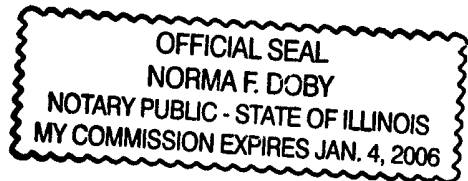
Affiant Signature

STATE OF IL
COUNTY OF COOK

Subscribed and sworn to before me a Notary Public, by the said Affiant this 6th day of

July, 20 *05*
[Signature]
Notary Public (Seal)

Jan 4, 2006



3LC

UNOFFICIAL COPY

REGISTRATION NO. 1610

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

625213

1. NAME BARBARA STEWART 2. SEX FEMALE 3. DATE OF BIRTH 19 DECEMBER 19 1985

4. RACE BLACK 5. ETHNIC AMERICAN 6. AGE 60 7. DATE OF DEATH JUNE 12 1925

8. PLACE OF BIRTH CHICAGO 9. PLACE OF DEATH ENGLWOOD HOSPITAL

10. MARITAL STATUS U.S.A. 11. OCCUPATION COOK

12. RESIDENCE 5422 SOUTH MAY STREET CHICAGO

13. DEATH CAUSE METASTATIC CARCINOMA OF THE COLON

14. UNDERLYING CAUSE OF DEATH METASTATIC CARCINOMA OF THE COLON

15. DATE OF CREATION OF CERTIFICATE JULY 16 1985

16. SIGNATURE OF PHYSICIAN DR. SOLIMON STEIN

17. SIGNATURE OF REGISTRAR

18. SIGNATURE OF FUNERAL HOME

19. SIGNATURE OF LOCAL HEALTH DEPARTMENT

20. SIGNATURE OF COUNTY CLERK

21. SIGNATURE OF VITAL STATISTICS

December 23, 1985 STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO SS

I, LOUISE C. SPENCER, M.D., M.P.H., LOCAL, NEIGHBORHOOD AND VITAL STATISTICS OFFICER OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF THE CITY OF CHICAGO AND THAT THE ABOVE INFORMATION WAS RECEIVED BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH - CITY OF CHICAGO

CERTIFICATION OF VITAL RECORD

BLUE ISLAND, ILLINOIS
DISTRICT 16.31

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

5 BIRTH NO. REGISTRATION DISTRICT NO. **16.31**
REGISTERED NUMBER **162**

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH MONTH, DAY, YEAR
Edward Stewart Male **April 7, 2002**

COUNTY OF DEATH **Cook** AGE LAST BIRTHDAY (MM/DD/YY) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH MONTH, DAY, YEAR
74 **58** **58** **January 1, 1928**

CITY, TOWN, TWP, OR ROAD DISTRICT HOSPITAL OR OTHER INSTITUTION NAME (PHOTO IN EITHER CITY DISTRICT AND NUMBER) IF FEED, OR INST, INDICATE ODA OFFER, OR INST, INDICATE ODA OFFER, OR INST, INDICATE ODA OFFER
Blue Island **St. Francis** **Inpat**

BIRTH PLACE (CITY AND STATE OF FOREIGN COUNTRY) **Tulot, Arkansas** MARRIED (SPECIFY) **Married** NAME OF SURVIVING SPOUSE (MARRIAGE STATE) **Lillie Mae Williamson** WHO DECEASED EVER WILL ADMIT (YES/NO) **Yes**

SOCIAL SECURITY NUMBER **10-493-26-9401** USUAL OCCUPATION **General** KIND OF BUSINESS OR INDUSTRY **General** EDUCATION (SCHOOL OR UNIVERSITY OR COLLEGE COMPLETED) **12** **12** **2**

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. RESIDE CITY (YES/NO) COUNTY
5422 S. May **Chicago** **Yes** **Cook**

STATE ZIP CODE RACE (WHITE, BLACK, HISPANIC, OTHER) OF HISPANIC ORIGIN (YES/NO) (SPECIFY) (YES/NO) (SPECIFY)
IL **60609** **Black** **NO** **YES**

FATHER NAME FIRST MIDDLE LAST MOTHER NAME FIRST MIDDLE (Maiden Last)
John Stewart **Gertrude Woodard**

INFORMANT'S NAME (TYPE INFORMANT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)
Lillie Mae Stewart **Wife** **5422 S. May Chicago IL 60609**

18. PART I Enter the diseases, if any, which caused the death. Do not enter a cause of death, such as cancer or respiratory arrest, stroke, or heart failure, that may be listed on death certificate.
Immediate Cause (Final cause of death according to death certificate) **Pneumonia**
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (I) STATING THE UNDERLYING CAUSE LAST. (D) DUE TO, OR AS A CONSEQUENCE OF **Sepsis**

19. PART II (Check one) (a) Cause of death is as stated in Part I. (b) Cause of death is as stated in Part I, but the death was caused by a complication of the disease stated in Part I. (c) Cause of death is as stated in Part I, but the death was caused by a complication of the disease stated in Part I, and the death was caused by a complication of the disease stated in Part I.

20. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION BY ORAL, VAGINAL, OR OTHER EXAMINATION (YES/NO)
NO **NO**

21. (I) (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON MONTH, DAY, YEAR (b) WAS COPIER OR MEDICAL EXAMINER NOTIFIED (YES/NO) (c) HOUR OF DEATH
NO **NO** **7:15 P.M.**

22. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED MONTH, DAY, YEAR
Patrick O'Leary **2002-06-12**

23. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE INFORMANT) ILLINOIS LICENSE NO.
Patrick O'Leary **Blue Island, IL** **22036081561**

24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE PHYSICIAN) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
Patrick O'Leary

25. BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE MONTH, DAY, YEAR
Burial **Lincoln** **Alsip** **IL** **2002-04-13-02**

26. FUNERAL HOME (NAME) STREET AND NUMBER OR P.O. BOX CITY OR TOWN STATE ZIP
Golden Gate Funeral Home **2036 W. 79th St.** **Chicago IL 60620**

27. FUNERAL DIRECTOR'S SIGNATURE (TYPE NAME) FUNERAL DIRECTOR'S LICENSE NUMBER
John M. ... **034-0566**

28. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Fern Frasco **April 11, 2002**

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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 ISSUED

APR 11 2002

ISSUED AT:

13051 GREENWOOD AVE.
BLUE ISLAND, ILLINOIS 60406

Fern Frasco
LOCAL REGISTRAR

900