

# UNOFFICIAL COPY



11005-08073

Doc#: 0523104081 Fee: \$54.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 08/19/2005 02:18 PM Pg: 1 of 4

State Of Illinois }  
County of }

## DECEASED JOINT TENANCY AFFIDAVIT

I, \_\_\_\_\_ hereinafter referred to as the affiant, states under oath that the affiant resides at 8223 S Englewood Ave, in the {City/Town/Village} City of Chicago, Illinois; that the affiant was acquainted with \_\_\_\_\_ the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois and legally described as follows:

Permanent Index Number: 20-35-123-006-0003

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on 10-12-2000 leaving { } no { } a last will and testament;

That the total value of the decedent's estate, including the taxable interest in the above property was \$ \_\_\_\_\_, and that the value of the above property individually was \$ \_\_\_\_\_.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce Tristar Title, LLC to issue its policy of title insurance on the above described property.

The affiant hereby covenants & agrees, for self, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend & hold Tristar Title, LLC harmless & to reimburse Tristar Title, LLC for all loss, costs, damages, suits attorney's fees & expenses of every kind & nature which Tristar Title, LLC may suffer, expand or incur by reason of the issuance of said policy fee & clear of the following objections:

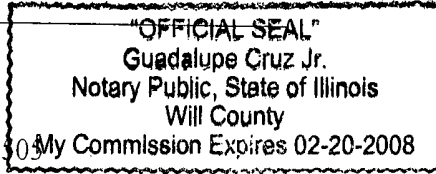
1. Claims against the estate of \_\_\_\_\_, the decedent;
2. Illinois State Inheritance Tax & Federal Estate Tax which may be charged against decedent's estate;
3. Legacies, if any, created by the will of said decedent; and
4. Rights to contribution.

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Gerold Moore {Seal} \_\_\_\_\_ {Seal}

Subscribed and Sworn to me before this  
15<sup>th</sup> day of July, 2005.

\_\_\_\_\_  
Notary Public



Tristar Title, LLC  
1301 W. 22<sup>nd</sup> Street; Ste 303  
Phone: 630-954-4000  
Fax: 630-954-0004

Property of Cook County Clerk's Office

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STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER  
616125

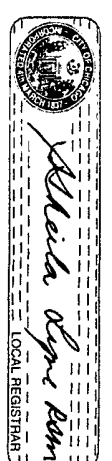
STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

OCT 17 2000

I, SHEILA LYNE, RSM, 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

REGISTRATION DISTRICT NO. 16.10	REGISTERED NUMBER	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH
		WILLIAM	E	MOORE	MALE	12, 2000	
COUNTY OF DEATH	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	AGE LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH		
COOK	CHICAGO	29	11	12	JANUARY 10, 1931		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	VA CHICAGO HEALTHCARE SYSTEM, LAKESIDE	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	EDUCATION (SPECIFY ONLY HIGH SCHOOL OR GREATER)	INSIDE CITY (YES/NO)	CITY	STATE
MERIDIAN, MISS	8a. MARRIED		GERALDINE FISHER	12	YES	CHICAGO	ILLINOIS
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	11a. COOKER	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGH SCHOOL OR GREATER)	INSIDE CITY (YES/NO)	CITY	STATE
10427-42-8882			11b. Mail service	12	YES	CHICAGO	ILLINOIS
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	13c. CHICAGO	OF HISPANIC ORIGIN? (SPECIFY NO OR YES)	13c. YES	INSIDE CITY (YES/NO)	CITY	STATE
138223 SOUTH INGLESIDE					YES	CHICAGO	ILLINOIS
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14b. YES	14c. YES	INSIDE CITY (YES/NO)	CITY	STATE
ILLINOIS	131. 60619	14a. Black			YES	CHICAGO	ILLINOIS
FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST	MIDDLE	LAST
	15. Moore		Moore		Lillie		Hogges
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET, TOWN AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
17a. PORTIA MCINTYRE	HOSPITAL RECORDS	17c. 333 E. AUBURN STREET, CHGO. IL 60611					
18. PART I.	Enter the diseases, or complications that 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.						
	(a)	MYOCARDIAL INFARCTION					
	(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 give (in PART I).							
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	WHERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)	DATE SIGNED	DATE	
20a.	20b.	19a. NO	20c. YES	NO	21c. 7:30A	10-17-2000	
10(D) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	DATE SIGNED	DATE			
21a.	10-12-2000	YES	22b. 10/12/00				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	ILLINOIS LICENSE NUMBER					
	JEFFREY STERN, M.D.	22a. 25-040347					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)							
23.	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE	DATE	
	24a. BURIAL	24b. Mt. Vernon Cemetery	24c. Lemont	Illinois		10-17-2000	
	FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE	DATE	
	25a. Leark + Son		2838 So. Cottage Grove	Chicago	Illinois	10-17-2000	
	FUNERAL DIRECTOR'S SIGNATURE						
	25b. Sheila Lyne						
	LOCAL REGISTRAR'S SIGNATURE						
	26a. Sheila Lyne RSM						
	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
	26b. OCT 17 2000						

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



# UNOFFICIAL COPY

Ticor Title Insurance Company

Commitment Number: TTC05-08073

## SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

NORTH EIGHT AND 1/3 FEET OF LOT 37 AND ALL OF LOT 38 IN BLOCK 138 IN CORNELL BEING A SUBDIVISION IN SECTION 26 AND 35, TOWNSHIP 38 NORTH RANGE 14, EAST OF THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, IL.

CKA:8223 S. INGLESIDE AVE., CHICAGO, IL 60619-5401

Property of Cook County Clerk's Office