



Doc#: 0523618087 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/24/2005 12:15 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of Cook)

Robert Davis, being duly sworn states that he resides at 6556 South Loomis Avenue, in the City and State of Chicago, Illinois 60636 and that he was acquainted with Althea Davis who at the time of her death was one of the owners of the premises in Cook County, City of Chicago described as 6556 South Loomis, Chicago, Illinois 60636 PIN 20-20-115-046-0000

The date of decedents death was March 31, 2005 and she died without a will and the total value of the estate of said deceased including both real estate and person property does not exceed the sum \$150,000.

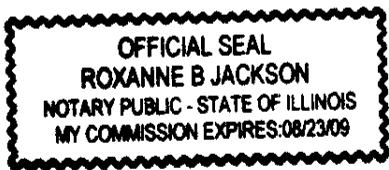
Affiant further states that he makes this affidavit for the purpose of inducing _____ to issue its Title Insurance Policy, describes in the attached exhibit A.

Date: 8-23-05

Signature: Robert Davis

Subscribed and sworn to before me

This 23rd day of August 2005



[Signature]
Notary

UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

APR 12 2005

STATE FILE NUMBER
605463

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER
DECEASED-NAME FIRST MIDDLE LAST
ALTHEA DAVIS

1. COUNTY OF DEATH DATE OF DEATH (MONTH, DAY, YEAR)
COOK MARCH 31, 2005

2. SEX DATE OF BIRTH (MONTH, DAY, YEAR)
FEMALE 3 MARCH 31, 1942

3. AGE LAST BIRTHDAY (YRS) UNDER 1 DAY HOURS MIN
62 5d 62

4. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
COOK HOSPITAL, CHICAGO NORTH

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Married

6. USUAL OCCUPATION
Funeral Director

7. SOCIAL SECURITY NUMBER
356 36 5325

8. RESIDENCE (STREET AND NUMBER)
6556 SOUTH LOOMIS AVENUE CHICAGO

9. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)
BLACK

10. ILLINOIS ZIP CODE
60636

11. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
CHICAGO

12. EDUCATION (SPE. IF ONLY HIGHEST GRADE COMPLETED)
College (1-4 or 5+)

13. NAME OF SURVIVING SPOUSE (Maiden Name, if wife)
Robert Davis

14. KIND OF BUSINESS OR INDUSTRY
Mortuary

15. RELATIONSHIP
Phillip Hill

16. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)
2544 WEST MONTGOMERY AVENUE CHICAGO, ILLINOIS 60618

17. RECORDS
CHICAGO, ILLINOIS 60618

I, JOHN L. WILHELM M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, MD
LOCAL REGISTRAR



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

18. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or resp.atory arrest.

Immediate Cause (Final disease or condition resulting in death)
 (a) **Per: Atherosclerotic Vasculer Disease**
 (b) **Sepsis**
 (c) **Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:
 DUE TO, OR AS A CONSEQUENCE OF
 DUE TO, OR AS A CONSEQUENCE OF

19. AUTOPSY (YES/NO) **NO**
 20. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO
 21. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**
 22. DATE SIGNED (MONTH, DAY, YEAR) **4/11/2005**
 23. ILLINOIS LICENSE NUMBER **036-091513**
 24. HOUR OF DEATH **10:00 P.M.**
 25. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **APR 12 2005**

26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
MAJEA JADON 2520 S. M. Chicago Ave 60616

27. MAJOR FINDINGS OF OPERATION
3/31/05

28. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
Leak And Sons Funeral Home

29. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
John L. Wilhelm, M.D.

30. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
Chicago, IL

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266. RESIDENCE (STREET AND NUMBER)
6556 SOUTH LOOMIS AVENUE CHICAGO

267. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)
BLACK

268. ILLINOIS ZIP CODE
60636

269. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
CHICAGO

270. EDUCATION (SPE. IF ONLY HIGHEST GRADE COMPLETED)
College (1-4 or 5+)

271. NAME OF SURVIVING SPOUSE (Maiden Name, if wife)
Robert Davis

272. KIND OF BUSINESS OR INDUSTRY
Mortuary

273. RELATIONSHIP
Phillip Hill

274. MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)
2544 WEST MONTGOMERY AVENUE CHICAGO, ILLINOIS 60618

275. RECORDS
CHICAGO, ILLINOIS 60618

276. DATE OF OPERATION, IF ANY
3/31/05

277. (10) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON
3/31/05

278. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

279. SIGNATURE (TYPE OR PRINT)
MAJEA JADON 2520 S. M. Chicago Ave 60616

280. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
Leak And Sons Funeral Home

281. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
John L. Wilhelm, M.D.

282. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
Chicago, IL

283. SOCIAL SECURITY NUMBER
356 36 5325

284. RESIDENCE (STREET AND NUMBER)
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300. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
Chicago, IL

301. SOCIAL

not in Tenancy in Common but in JOINT TENANCY, the following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

UNOFFICIAL COPY

Lot Twenty-Three (23) in Block Four (4) in Hosmer and Fenn's Subdivision of the North Half of the South West quarter of the North West Quarter of Section Twenty (20), Township Thirty-Eight (38) North, Range Fourteen (14), East of the Third Principal Meridian, in Cook County, Illinois.

REVENUE STAMPS HERE

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of

Property of Cook County Clerk's Office