

# UNOFFICIAL COPY

TC05-01148

## TICOR TITLE INSURANCE COMPANY DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number: TC05-01148

County of

} SS.

Emma Clark

being duly sworn states that he/she resides at 5544 S. Winchester, Chicago, IL That he/she was acquainted with Walter Clark deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on 8-23-04, as evidenced by a certified copy of the death certificate of said 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 on or 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 \$  
Affiant makes this affidavit for that purpose of inducing Ticor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.



SUBSCRIBED and SWORN to before me on

(SEAL) Emma Clark

[Signature]

Notary Public



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## DEPARTMENT OF PUBLIC HEALTH

COUNTY OF COOK  
CITY OF CHICAGO  
SEP 2 1 2004

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 AND THAT I AM AWARE 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.

*John L. Wilhelm, MD*  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

### MEDICAL CERTIFICATE OF DEATH

REGISTERED DEATH		FIRST MIDDLE LAST		SEX	DATE OF DEATH	MONTH, DAY, YEAR
WALTER COOK		CLARK		M	3 AUGUST	23, 2004
COUNTY OF DEATH		AGE - LAST BIRTHDAY (Y/M/D)	UNDER 1 YEAR	DATE OF BIRTH	MONTH, DAY, YEAR	
Cook		56-75	5d	September	01, 1928	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		NAME OF SURVIVING SPOUSE (SURVIVED)		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER ONE STREET AND NUMBER)		
Chicago		Mercy Hospital		St. Joseph		
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
Married		Chicago Park District		9th		
SOCIAL SECURITY NUMBER		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		
1639-46-7276		Chicago		1968		
RESIDENCE (STREET AND NUMBER)		FACE (RACE, BLACK, AMERICAN INDIAN, ASIAN, OTHER)		COUNTY		
10127 S. King Drive		Black		Cook		
STATE		ZIP CODE		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		
IL		60628		Chicago		
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE LAST		SPECIFY: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Walter Clark Sr		Fandra Walker		13d. Cook		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO., CRAFTED, CITY OR TOWN, STATE, ZIP)		
Andrew Leak		Brother		17c. 7838 S. Cottage Grove Chicago, IL 60619		
18. PART I		Enter the disease or condition that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line.				
Immediate Cause (Final disease or condition resulting in death)		(a) <i>end stage dementia</i>				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(b)				
		(c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) (SPECIFY REASON)		
				NO		
20b. (10b) DID NOT ATTEND THE DECEASED AND LAST SAW DECEASED ON		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND (AS TO THE CAUSE) AS STATED.		21b. (21a) WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO)		21c. HOUR OF DEATH		
		NO		4:45 P. M.		
22a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22b. ILLINOIS LICENSE NUMBER		22c. DATE SIGNED (MONTH, DAY, YEAR)		
PAOLA SMITH, MD 2525 S. MICHIGAN		036-076179				
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		23a. ILLINOIS LICENSE NUMBER		23b. DATE SIGNED (MONTH, DAY, YEAR)		
24. BURIAL, CREMATION, REMOVAL (SPECIFY)		24a. CEMETERY OR CREMATORY - (NAME)		24b. CITY OR TOWN		
		Burial		Chicago, Illinois		
25a. FUNERAL HOME		25b. STREET AND NUMBER OR R.F.D.		25c. CITY OR TOWN		
Leak And Sons Funeral Home		7838 S. Cottage Grove Chicago, Illinois 60619		STATE		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
<i>Andrew Leak</i>		031-907489		SEP 0 2 2004		
26. LOCAL REGISTRAR'S SIGNATURE		26a. LOCAL REGISTRAR'S LICENSE NUMBER		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
<i>John L. Wilhelm, MD</i>		60619		SEP 0 2 2004		

BASED ON 1980 U.S. STANDARD CERTIFICATE

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LOT 21 IN BLOCK 4 A RESUBDIVISION OF BLOCKS 3, 4, 5, 6, 11 AND 12 IN SUBDIVISION OF BLOCK 1 TO 8 OF JOHN B. LYONS SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

C/K/A 5544 SOUTH WINCHESTER, CHICAGO, IL 60636

PARCEL NO. 20-18-200-028-00000

Property of Cook County Clerk's Office