

# UNOFFICIAL COPY

Stewart Title Company of Illinois



Doc#: 0527014013 Fee: \$46.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 09/27/2005 07:08 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF COOK ) SS.

RICHARD G. ROSS, being duly sworn, states that he resides at 417 N. Stone Avenue, LaGrange Park, IL 60526. That he was acquainted with JOYCE H. ROSS, deceased, who at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

X AS TRUSTE

LOT 11 AND LOT 10 (EXCEPT THE SOUTH 5 FEET 6 INCHES) IN BLOCK 13 IN KENSINGTON ADDITION, BEING A SUBDIVISION OF THAT PART OF THE WEST HALF OF THE SOUTHWEST QUARTER OF SECTION 33, LYING NORTH OF THE SOUTH 26 ACRES THEREOF, IN TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPT FROM SAID LOTS 10 AND 11 THAT PART TAKEN OR USED FOR STONE AVENUE AND ALSO THAT PART THEREOF, IF ANY, WHICH FALLS IN CORK AND JOHNSON SUBDIVISION IN SECTION 33), IN COOK COUNTY, ILLINOIS.

PERMANENT INDEX NUMBER (PIN): 15-33-317-008 AND 15-33-317-025  
ADDRESS(ES) OF REAL ESTATE: 417 NORTH STONE AVENUE, LAGRANGE PARK, ILLINOIS 60526

That the deceased died on June 7, 2001, as evidenced by a certified copy of death certificate of the deceased attached hereto.

- That the deceased died: Leaving no Last Will and Testament. <sup>TRUST</sup>
- 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 that 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 \$ \_\_\_\_\_ dollars.

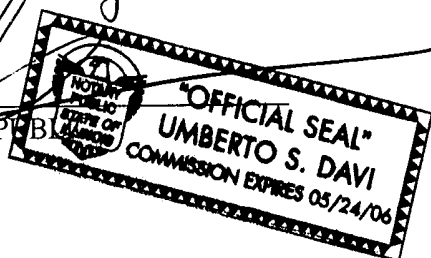
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above-mentioned property.

Subscribed and sworn to before me by the said RICHARD G. ROSS this 25<sup>th</sup> day of AUGUST 2005.

Richard G Ross  
Affiant's Signature

Subscribed and sworn to before me  
this 25<sup>th</sup> day of August, 2005

NOTARY PUBLIC



2 KY  
ERHS

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

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16-0</u>		STATE OF ILLINOIS		STATE LICENSE NUMBER	
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED—NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
A		1. <u>Joyce H. Ross</u>		2. <u>Female</u>		3. <u>June 7, 2001</u>	
B		COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		DATE OF BIRTH (MONTH, DAY, YEAR)	
C		4. <u>Cook</u>		5a. <u>63</u>		5d. <u>August 9, 1937</u>	
D		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
E		6a. <u>LaGrange Park</u>		6b. <u>417 N. Stone Ave.</u>		6c.	
DECEASED		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
A		7. <u>Berwyn, IL</u>		8a. <u>Married</u>		8b. <u>Richard G. Ross</u>	
B		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY	
C		10. <u>340-30-7173</u>		11a. <u>Administrative Assistant</u>		11b. <u>Liquid Air</u>	
D		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		12. <u>12</u>		College (1-4 or 5+)	
E		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	
		13a. <u>417 N. Stone Ave.</u>		13b. <u>LaGrange Park</u>		13c. <u>Yes</u>	
		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	
		13e. <u>Illinois</u>		13f. <u>60526</u>		14a. <u>White</u>	
		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST			
A		15. <u>Adam Hebert</u>		16. <u>Anita Guichet</u>			
B		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
C		17a. <u>Richard G. Ross</u>		17b. <u>Husband</u>		17c. <u>417 N. Stone Ave., LaGrange Park, IL 60526</u>	
D		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.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
E		Immediate Cause (Final disease or condition resulting in death) → (a) <u>LUNG CANCER</u>		7 mos			
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF			
A				(c) DUE TO, OR AS A CONSEQUENCE OF			
B		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
C				19a. <u>No</u>		19b.	
D		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
E		20a.		20b.		20c.	
CERTIFIER		(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
A		21a. <u>5/10/01</u>		21b. <u>NO</u>		21c. <u>1:33 PM</u> M.	
B		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)			
C		22a. SIGNATURE → <u>Joe Peda</u>		22b. <u>6/12/01</u>			
D		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
E		22c. <u>James Hannigan MD 1323 Memorial Dr., LaGrange, IL 60525</u>		22d. <u>036065035</u>			
DISPOSITION		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
A		23. <u>Joe Peda MD</u>					
B		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	
C		24a. <u>Burial</u>		24b. <u>Queen of Heaven</u>		24c. <u>Hillside Illinois</u>	
D		DATE (MONTH, DAY, YEAR)		24d. <u>June 11, 2001</u>			
E		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		25a. <u>Merker &amp; James Funeral Home 518 Hillgrove Ave, Western Springs, Illinois 60558</u>			
A		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
B		25b. <u>Mark E. Jones</u>		25c. <u>034-011958</u>			
C		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
D		26a. <u>KAREN L. SCOTT, M.D.</u>		26b. <u>June 14, 2001</u>			
E		REGISTRAR					

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR DECEDENT NAMED IN ITEM 1 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 STILL BIRTHS AND DEATHS.

DATE June 14, 2001

SIGNED

Gloria Fuller

AT COOK COUNTY DEPARTMENT OF PUBLIC HEALTH OFFICIAL TITLE CHIEF DEPUTY REGISTRAR  
1010 LAKE STREET, SUITE 300, OAK PARK, ILLINOIS 60301