

UNOFFICIAL COPY

Prepared by: Lisa Trumble

RECORDING REQUESTED BY:

Lenders First Choice
3803 Parkwood Blvd., Suite 100
Frisco, TX 75034

AND WHEN RECORDED MAIL TO:

DORTY SCOTT
1217 W NELSON ST
CHICAGO, IL 60657-4213

Lenders First Choice
3850 Royal Ave

Simi Valley, CA 93063

Deal No.: 7245325



Doc#: 0528712126 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/14/2005 11:24 AM Pg: 1 of 3

APN: 816-IL020-17031-11-99

SPACE ABOVE THIS LINE FOR RECORDER'S USE

36-7245325 AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

DORTY SCOTT of legal age, being first duly sworn, deposes and says:

___Linda J. Scott___ is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as ___Linda J. Scott___, named as one of the parties in that certain deed dated ___May 13, 2002___, executed by ___Dorty H. Scott and Janice A. Scott___ to ___Dorty H. Scott and Janice A. Scott, His wife, and Linda J. Scott___ as joint tenants, recorded on ___November 6, 2002___, as Instrument No. ___0021225914___, Official Records of COOK County, ILLINOIS describing the following real property:

Legal Description Attached Hereto as Exhibit 'A'

Most Commonly Known As: 1217 W NELSON ST, CHICAGO, IL 60657-4213

Dated: 8/11/2005

Dorty H. Scott
DORTY SCOTT

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 11th day of Aug 2005



Signature

[Handwritten Signature]

(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

5-1
03
10/14/05

UNOFFICIAL COPY

EXHIBIT "A"

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK, IN THE STATE OF ILLINOIS, TO WIT: LOT 439 IN JOHN P. ALTGELD'S SUBDIVISION OF BLOCKS 1, 2, 3, 4, 7, AND THE NORTH 1/2 OF BLOCK 6 IN THE SUBDIVISION OF THAT PART LYING NORTHEASTERLY OF THE CENTER LINE OF LINCOLN AVENUE, OF THE NORTH WEST 1/4 OF SECTION 29, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESSOR AS 14-29-115-016; SOURCE OF TITLE IS DOCUMENT NO. 0021225914 (RECORDED 11/06/02).

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr

COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		608839
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)	
		1. Linda Scott-Hochmuth	2. female	3. June 22, 2004	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS	UNDER 1 DAY HOURS	DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook		5a. 56	5b.	5c.	5d. September 3, 1947
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., OP/EMER. RM. INPATIENT (SPECIFY)	
6a. Chicago		6b. Mercy Hospital		6c. inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER ARMED FORCES? (YES/NO)
7. Bristol, TN		8a. married	8b. Larry Hochmuth		9. no
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 349-38-9768		11a. waitress	11b. restaurant	12. 11	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY
13a. 1217 W. Nelson		13b. Chicago		13c. yes	13d. Cook
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)	
13e. Illinois		13f. 60657	14a. white	14b. [X] NO [] YES SPECIFY:	
FATHER - NAME FIRST MIDDLE LAST		MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST			
15. Dorthy Scott		16. (unavailable)			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. Larry Hochmuth		17b. husband	17c. 1217 W. Nelson, Chicago, IL 60657		
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					
Immediate Cause (Final disease or condition resulting in death)		(a) Breast Cancer			
		DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b)			
		DUE TO, OR AS A CONSEQUENCE OF			
		(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		ANATOMY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a.		20b.		19a. [X] YES [] NO	19b. [] YES [X] NO
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	
21a.		06/21/04	21b. yes	21c. 12:25A	
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)	
22a. SIGNATURE <i>Leszek Ballarin</i>				22b. 06/22/04	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER	
22c. Leszek Ballarin 2525 S. Michigan Chicago, IL 60616				22d. 036/039666	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23.					
BURIAL CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
24a. cremation		24b. Trisons Crematory		24c. Lombard, Illinois	24d. June 24, 2004
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP					
25a. National Cremation Service 5601 N. Western, Chicago, Illinois 60659					
FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	
25b. <i>John J. Leadroot, Jr.</i>				25c. 034-014622	
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
26a. <i>John L. Wilhelm, Jr.</i>				26b. JUN 23 2004	