



0530005194

Doc#: 0530005194 Fee: \$46.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/27/2005 12:42 PM Pg: 1 of 2

Counselors' Title  
Company, L.L.C.  
Deceased Joint Tenant  
Affidavit

0504580

Now comes **John C. Forman**, being duly sworn and for the purposes of inducing Counselors' Title Company, L.L.C. to delete all title exceptions caused by the death of **Jo Ellen Forman**, states:

1. That the Affiant resides at **4330 West Adams Street, Chicago IL 60624**;
2. That the Affiant was acquainted with said decedent who died on Oct 7<sup>th</sup> 2004 as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land;

[Signature] described in the subject file, or;  
           legally described as follows:

**COUNSELORS TITLE CO., LLC  
13800 S. CICERO AVE.  
SUITE B  
CRESTWOOD, IL 60445**

P  
2  
D

Lot 72 in A. F. Doremus' Addition to Chicago, being a Subdivision of Lots 3 and 4 in Blocks 1, 2, 3 and 4 in the Partition of West Quarter of the Northeast Quarter and that part of the West Quarter of the Southeast Quarter lying North of Barry Point Road, in Section 15, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Parcel # 27-15-219-008-0000

4. That said decedent died:

[Signature] leaving no Last Will and Testament;

           leaving a Last Will and Testament, a copy of which is attached hereto;

           leaving a last Will and Testament, which was filed in the unproven will box of the Probate Division of the circuit Court of Cook County, IL on \_\_\_\_\_.

5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ \_\_\_\_\_.
6. Affiant further sayeth not.

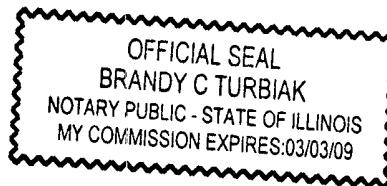
[Signature]  
Affiant Signature

STATE OF IL  
COUNTY OF COOK

Subscribed and sworn to before me a Notary Public, by the said Affiant this 29 day of

August, 2005.

[Signature]  
Notary Public (Seal)



STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

OCT 12 2004

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

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. 16.0  
STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH  
STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME: Jolleen Forman  
COUNTY OF DEATH: Cook  
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: 198. CHICAGO, ILLINOIS 198.  
AGE-LAST BIRTHDAY (YRS): 60  
HOSPITAL OR OTHER INSTITUTION: Palos Community Hospital  
DATE OF BIRTH: 3. October 7, 2004  
DATE OF DEATH: 9. October 7, 2004  
SEX: Female  
IF POST-OR-NST INDICATE DOA, OPENER, RM, INFANANT (SPECIFY)

DECEASED: A. DECEASED  
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Palos Heights, IL  
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY): MARRIED  
NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): JOHN C. FORMAN  
SOCIAL SECURITY NUMBER: 10. 325-36-6054  
USUAL OCCUPATION: 11a. TEACHER  
KIND OF BUSINESS OR INDUSTRY: 11b. ELEMENTARY  
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 12. Elementary/Secondary (9-12)  
CITY, TOWN, TWP. OR ROAD DISTRICT NO.: 13a. 9061 WHEELER DRIVE, ORLAND PARK, ILLINOIS 13b. ORLAND PARK  
INSIDE CITY (YES/NO): YES  
COUNTY: COOK

PARENTS: 15. FATHER-NAME: JAMES JAMES, MOTHER-NAME: MARY MARY  
RELATIONSHIP: 17b. HUSBAND  
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 17c. 9061 WHEELER DRIVE, ORLAND PARK, IL 60462

CAUSE: 18. PART I. Immediate Cause (Final disease or condition resulting in death): CARCINOMA TONSIL  
18. PART II. 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, LIST, STATING THE UNDERLYING CAUSE I / ST. (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)

OPERATION: 19a. DATE OF OPERATION, IF ANY: 19b. MAJOR FINDINGS OF OPERATION: 19c. AUTOPSY (YES/NO): 19d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO CORRECTION OF CAUSE OF DEATH (YES/NO):  
20a. DATE LAST SAW HIM/HER ALIVE ON: 10-6-04  
20b. HOURS OF DEATH: 10:00am  
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES  NO

CERTIFIER: 22a. SIGNATURE OF CERTIFIER: [Signature]  
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): HARKSH BHATTA 6300 W 159th Oak Forest, IL 60452  
22c. ILLINOIS LICENSE NUMBER: 036065497  
22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

DISPOSITION: 23. BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. MOUNT OLIVET CEMETERY, CHICAGO, ILLINOIS  
24b. CEMETERY OR CREMATORY-NAME: MOUNT OLIVET CEMETERY  
24c. LOCATION: CHICAGO, ILLINOIS  
24d. STREET AND NUMBER OR R.F.D.:  
25a. FUNERAL HOME: ROBERT J. SHEEHY & SONS, 9000 W. 151ST STREET, ORLAND PARK, ILLINOIS 60462  
25b. FUNERAL DIRECTOR'S SIGNATURE: [Signature] ROBERT J. SHEEHY  
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-011841

LOCAL REGISTRY: 26a. LOCAL REGISTRY SIGNATURE: [Signature]  
26b. DATE FILED BY LOCAL REGISTRY (MONTH, DAY, YEAR): OCT 12 2004

26c. DATE FILED BY LOCAL REGISTRY (MONTH, DAY, YEAR): OCT 12 2004

26d. DATE FILED BY LOCAL REGISTRY (MONTH, DAY, YEAR): OCT 12 2004

26e. DATE FILED BY LOCAL REGISTRY (MONTH, DAY, YEAR): OCT 12 2004