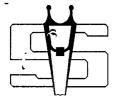
## UNOFFICIAL CO



Sanctity of Contract



Doc#: 0531105095 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 11/07/2005 10:42 AM Pg: 1 of 3

Stewart Title Company of Illinois

STEWART TITLE OF ILLINOIS 2 N. LaSalle Street Suite 625 Chicago, 1, 60802 312-849-1243

being duly sworm states that Arthur L. Sohus oresides at 795/S. Chappel Ave in the City of the sworm of the land in County, Illinois, describes as:  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 filled with the Clerk of the Probate Division of the Circuit County, Illinois about		100	DECEASED JOINT TENANCY	AFFIDAVIT	2d3
being duly sworn states that Arthur L. Sohuse or resides at 795/S. Cheope Ave in the City of  That he was acquainted with Tessie M. Johnson deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:  That the deceased died Solo accrificate of the 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.		)		STCI File Number: 4	53875
That the deceased died	COUNTY OF	) 55.	Ox		•
That the deceased died		<b>A</b>			
That the deceased died		4rthur & S	resides	at 795/S. Chappe	? Aue in the City of
That the deceased died: Leaving no Last Will & Testament.  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	That <u>he</u> was a sworn of the land in County	acquainted with <u>J</u> , Illinois, describes a	as.		the time of death, was one of the
That the deceased died: Leaving no Last Will & Testament.  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			04/	74.	
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<ul> <li>Leaving a Last Will &amp; 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.</li> <li>Leaving a Last Will &amp; Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois</li> </ul>		1/5/01	, as evi	denced by a certified Lopy	of death certificate of the deceased
	<ul> <li>Leaving a Last Will &amp; T</li> <li>Probate Division of the</li> </ul>	estament a copy of v Circuit Court of	which is attached hereto. The origina County, Illinois.		10
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	That the total value of the estatenancy at the time of the dear	ate of the deceased, i th of the deceased, d	including both real and personal proples not exceed the sum of	perty owned by the decease	
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned	Affiant makes this affidavit fo			•	., describing the above mentioned
"OFFICIAL SEAL"					
Subscribed and sworn to before me by the said  DIANE MARIE ACTÓN  No. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Λ 11 Ω	- i			
Notary Public, State of Illinois  My Commission Expires 03/25/2007		_ ,,		My Commission Ext	pires 03/25/2007
this <u>3rd</u> day of Oct., A.D. 10 2005	this <u>3rq</u> day of <u>00+.</u>	, A.D. 19 <u>d</u>	<u>00</u> .3		·······
Dine marifacti Cuttur book	Dune Mari	act	Cuts	tu b cole	
Notary Public (Affiant's Signature)  (Affiant's Signature)	Notary Public	Prepare	a evamail 78.	iture)	<del></del>
MAIL Arthur R. Johnson 7915 S. Chappel Ave.	MAIL	Arthur	r R. Johnson		

0531105095 Page: 2 of 3 33 Ş WHICH GIVE RISE TO MMEDIATE CAUSE (a)
TATING THE UNDERLYING CAUSE LAST. DISTRICT NO DATE OF OPERATION, IF ANY COUNTY OF DEATH AND LAST SAW HIM/HER ALIVE ON HARRISBURG, CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) DECEASED-NAME REGISTERED NAME AND ADDRESS OF CERTIFIER 22a. SIGNATURE > SOCIAL SECURITY NUMBER NUMBER LOCAL REGIS 25b. ▼ FUNERAL DIRECTOR FUNERAL HOME 24BURIAL BURIAL, CREMATION, REMOVAL (SPECIFY) 220. MARCOVALERIO MELIS, MD NAMEOF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER BESIDENCE (STREET AND NUMBER) ART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PARTI. Immediate Cause (Final 359-58-8255 ILLINOIS CHIMANT'S NAME (TYPE OR PRINT) HE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND THE CAUSE (S) STATED. utting in death) 7951 S CHAPPELL MAYBLEINE GIGGERS CAGE MEMORIAL CHAPEL JOHN e LEWIS SCHWARTZ, MD CHICAGO ΚY 13f. 60617 **JESSIE** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or res, iratury arrest, shock, or heart failure. List only one cause on each line. 24b BURR OAK CEMETERY ECEASED CEMETERY OR CREMATORY-NAME DUETO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF FIRST AUGUST 5, 2001 MIDDLE MAJOR FINDINGS OF OPERATION HOUSEWIFE MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION المحالم المحاكمة (TYPE OR PRINT) MARRIED MEDICAL CERTIFICATE OF DEATH (MONTH, DAY, YEAR) ISCHEMIC HEART DISEASE / HEART FAILURE RACE (WHITE BLACK, AMERICAN INDIM), (ISPECIFY)
148. BLACK HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) AGE-LAST BIRTHDAY (YRS) BOTTOM MIDDLE THE UNIVERSITY OF CHICAGO HOSPITALS 7651 STREET AND NUMBER OR R.F.D. 42 UNBABOBA: U <u></u> CITY, TOWN, TWP, OR HOAD DISTRICT NO. CHICAGO, HLLTNOTS BOG37 ທ MOS. DAYS STATE OF ILLINOIS NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY CHICAGO JOHNSON JEFFERY ARTHUR R JOHNSON 24c ALSIP LOCATION OWN HOME OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBIAN, M :XY AN, PUERTO RICAN, etc.) MOTHER-NAME 14b. □**)**¶O HOURS UNDER 1 DAY 17-584 LAGOUTH MARYL MO 637 BLVD EXAMINER NOTIFIED? (YESNO) Z SALLIE CITY OF TOWN 2FEMALE ILLINOIS D CHICAGO IL ☐ YES DATE OF BIRTH (MONTH, DAY, YEAR) 5d.JULY 31, EDUCATION (SPECIFYONLY HIGHEST GRADE COMPLETED)
Elementary/Secondary (0-12)
College (1-4 or 5 +)
12. DATE FILEDBY LOCAL REGISTRAB (MONTH FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-012209 INSIDE CITY SPECIFY: STATE 3 AUGUST 5, MIDDLE (YESNO) 19a NO ORRIFU. CITY DRITOWN, STATE, ZIP) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **RAY SURN** 21c. NOTE: IF AN INJURY WAS INVOLVED IN THIS
DEATH THE CORONER OR MEDICAL EXAMINER DATE SIGNED HOUR OF DEATH 22d. 125-053950 ILLINOIS LICENSE NUMBER 22b AUGUST 6, 2001 MUST BE NOTIFIED. NUMBER STATE FILE 1918 YES | NOX COOK . OP/EMER. RM, INPATIENT (SPECIFY) COUNTY 6c. INPATIENT WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? [YES/NO] 11:15 19b. AUG 2001 60649 (MAIDEN) LAST WAS DECEASED EVER # U.S ARMED FORCES? (YES...7) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH 10,2001 (MONTH, DAY, YEAR) Trans all Z BY VIRTUE OF THE LAWS OF THE STATE AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS CERTIFY THAT I AM THE KEEPER OF REGISTRAR OF VITAL STATISTICS OF LAW AND ORDINANCES. SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, DO HEREBY KEPT BY ME IN ORDINANCE OF SAID JOHN L. WILHELM M.D., LOCAL

CITY OF CHICAGO STATE OF ILLINOIS COUNTY OF COOK

AFFIXED My Ellen Regu MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

104-20

**HTJA3H** DEPARTMENT OF PUBLIC CITY OF CHICAGO

Wilhelm, no

0531105095 Page: 3 of 3

## **UNOFFICIAL COPY**

SCHEDULE A
ALTA Commitment
Fle No.: 453875

7

LEGAL DESCRIPTION

The north 8.5 feet of lot 32 all of lot 33 in block 1 in B. F. George's subdivision of the northwest ¼ of the northwest ¼ of the northwest ¼ of section 36, township 38 north, range 14, east of the third principal meridian, in Cook County, Illinois

20-36-201-020 1951 S. Chappel Ave. Chgo. IL 60617 Property of Cook County Clark's Office

Bran