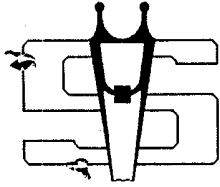


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0531105100 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/07/2005 10:43 AM Pg: 1 of 3

1 of 3

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 525
Chicago, IL 60602
312-810-2243

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

STCI File Number: 451967

DELORES HALL

being duly sworn states that I resides at 1801 N. LINDER in the City of CHGO

That I was acquainted with RUFUS E HALL deceased who, at the time of death, was one of the sworn of the land in CHGO County, Illinois, describes as:

Lot 15 in Block 5 in Mills and Sons North Avenue and Central Avenue Subdivision in the Southwest quarter of Section 33, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 13-33-305-014
Property Address: 1801 N. Linder, Chicago, IL 60639

That the deceased died Aug - 2001, as evidenced by a certified copy of death certificate 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 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 75,000 dollars.

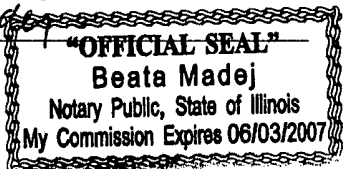
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Home Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

DELORES HALL

this 18th day of OCTOBER, A.D. 19 2005

Beata Madej
Notary Public



Delores Hall
(Affiant's Signature)



prepared By and
MAILED to
Delores Hall
1801 N. LINDER
CHGO IL 60639

3h

UNOFFICIAL COPY

OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

REGISTRATION DISTRICT NO. 16.24	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER 471	MEDICAL CERTIFICATE OF DEATH		
DECEASED NAME 1 Rufus Hall	SEX 2 Male	DATE OF DEATH (MONTH, DAY, YEAR) 3 August 07, 2001	
COUNTY OF DEATH 4 Cook	AGE - LAST BIRTHDAY (YRS) 5a. 51	UNDER 1 YEAR 5b. MJS DAYS	UNDER 1 DAY 5c. HOURS MIN
DATE OF BIRTH (MONTH, DAY, YEAR) 6 March 9, 1950			
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Oak Park	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. West Suburban Hospital		IF HOSP. OR INST. INDICATE DOA OR OTHER: HM, INPATIENT (SPECIFY) 6c. Inpatient
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 Wicksburg, Mo	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8b. Delores Stiffand	
WAS DECEASED IN U.S. ARMED FORCES? (YES/NO) 9. No			
SOCIAL SECURITY NUMBER 10 319-42-4422	USUAL OCCUPATION 11. Cook	KIND OF BUSINESS OR INDUSTRY 11b. Resturant	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12th
RESIDENCE (STREET AND NUMBER) 13a. 1801 N. Linden	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
STATE 15. Illinois	ZIP CODE 13f. 60639	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black	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
FATHER NAME FIRST MIDDLE LAST 15. S.T. Lucas	MOTHER NAME FIRST MIDDLE (MAIDEN) LAST 16. Ruby Lucas		
INFORMANT'S NAME (TYPE OR PRINT) 17a. Delores Hall	RELATIONSHIP 17b. Wife	MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1801 N. Linden Chgo. Ill 39	
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. Immediate Cause (Final disease or condition resulting in death) → (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) Dilated cardiomyopathy DUE TO, OR AS A CONSEQUENCE OF (c) Mitral & Aortic regurgitation CAUSE LAST.			APPROXIMATE INTERVAL BETWEEN ONSET & FINAL ILL.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. S/P MVR & AVR			AUTOPSY (YES/NO) 19a. NO
DATE OF OPERATION, IF ANY 20a. 8/3/01			MAJOR FINDINGS OF OPERATION 20b.
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
(DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 8/6/01		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOOR OF DEATH 21c. 03:56 A.M.
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) 22. 8/8/01
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Lou Ivanovic M.D. 7411 W Lake St River Forest, IL 60305		ILLINOIS LIC. # 22d. 036-073485	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY - NAME 24b. Oakridge	LOCATION 24c. Hillside Illinois	DATE (MONTH, DAY, YEAR) 24d. Aug 11, 2001
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE 25a. A.A. Rayner & Sons 5911 W. Madison Street Chicago, Illinois 60644			
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>Dionis S. Brown</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031009394	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Georgina Polynk, MD</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Aug 9, 2001	
VERINT (REV. 5-89) This is to certify that this is a true and correct copy from the official record filed with the Illinois Department of Public Health - Division of Vital Records.			

LOCAL REGISTRAR

File Number: TM192125

UNOFFICIAL COPY
LEGAL DESCRIPTION

Lot 15 in Block 5 in Mills and Sons North Avenue and Central Avenue Subdivision in the Southwest quarter of Section 33, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number: 13-33-305-014 (Volume number 368)

Commonly known as: 1801 North Linder
Chicago IL 60639

Property of Cook County Clerk's Office