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0533341054

State of Illinois }
County of }
 }

Doc#: 0533341059 Fee: \$54.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 11/29/2005 10:03 AM Pg: 1 of 4

TTCO5-11315

DECEASED JOINT TENANCY AFFDAVIT

Anne Houston, hereinafter referred to as the affiant, states under oath that the affiant resides at 1108 N Latrobe in the {City/Town/Village} Chicago of Chicago, Illinois; that affiant was acquainted with the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois and legally described as follows:

Permanent Index Number: 14-09-312-044-0000

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on _____ leaving { } no { } a last will and testament;

That the total value of the decedent's estate, including the taxable interest in the above property was \$ _____, and that the value of the above property individually was \$ _____.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce Tristar Title, LLC to issue its policy of title insurance on the above described property.

The affiant hereby covenants & agrees, for self, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend & hold Tristar Title, LLC harmless & to reimburse Tristar Title, LLC for all loss, costs, damages, suits attorney's fees & expenses of every kind & nature which Tristar Title, LLC may suffer, expand or incur by reason of the issuance of said policy fee & clear of the following objections:

- 1) Claims against the estate of Alex Houston the decedent
- 2) Illinois State Inheritance Tax & Federal Estate Tax which may be charged against decedent's estate;
- 3) Legacies, if any, created by the will of said decedent; and
- 4) Rights to contribution.

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Arnold J Hauston {Seal} _____ {Seal}

Subscribed and Sworn to me before this 15 day of November,
20 05.

Martha A Rodriguez
Notary Public.



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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH										STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO	
REGISTRATION DISTRICT NO. 16,10		600348										NOV 08 2005	
NAME OF DECEASED 1. Alex		FIRST MIDDLE		LAST		SEX		DATE OF DEATH MONTH DAY YEAR		1. JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.			
CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER: 4. Chicago		AGE LAST 5a. 70		UNDER 1 YEAR 5b. 5d.		UNDAYS 5c. 0		HOURS 5d. 00		DATE OF BIRTH MONTH DAY YEAR		2. Hospital or Other Institution Name + Name of Street and Number 6a. Lorraine Hospital 3rd and Harrison 2052 1931	
BIRTHPLACE (CITY AND STATE OR FORIGN COUNTRY) 7. De Kalb, Illinois		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SPECIFY 8a. Married		NAME OF SURVIVING SPOUSE (MATERIAL NAME & WIFE) 8b. Annie L. Coleran		NAME OF BUSINESS OR INDUSTRY 8c. Con. Worker		EDUCATION (SPECIFY GRADE COMPLETED) 8d. Elementary		3. Name of City, Town, Twp., or Road District No. 9. No			
SOCIAL SECURITY NUMBER: 10. 330-42-0832		USUAL OCCUPATION 11a. Con. Worker		11b. Con. Cognac		11c. Con. Cognac		11d. Con. Cognac		10. Name of City, Town, Twp., or Road District No. 11. No			
RESIDENCE STREET AND NUMBER 12a. 168 N. LaSalle St.		ZIP CODE 13a. 60644		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) 14a. Black		OF HISPANIC ORIGIN? YES OR NO 15a. No		NAME OF MOTHER FIRST MIDDLE 16a. Callie Higa		11. Name of City, Town, Twp., or Road District No. 12. No			
INFORMATION NAME, TYPE OF PARENT 17a. Annie L. Houston		RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET AND ZIP CODE OF TOWN, STATE, IF APPLICABLE)		NAME OF FATHER FIRST MIDDLE 18a. Benjamin Franklin Houston		NAME OF MOTHER FIRST MIDDLE 16b. Callie Higa		12. Name of City, Town, Twp., or Road District No. 13. No			
18. PART II Inhalation, Cough, (Final disease or condition resulting in death)		19a. Shock or heart failure. List only one cause on each line.		19b. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac arrest, respiratory arrest, etc.		19c. Mode of death		19d. Name of physician or medical examiner		13. Name of City, Town, Twp., or Road District No. 14. No			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST		20a. Due to, or as a consequence of (b) Due to, or as a consequence of (c) Due to, or as a consequence of		20b. Major findings of operation		21a. WAS CORONER OR MEDICAL EXAMINER NOTIFYED? YES/NO 21b. DATE OF DEATH HOUR OF DEATH		21c. DATE SIGNED 21d. NAME OF FUNERAL DIRECTOR 21e. ILLINOIS LICENSE NUMBER 21f. DATE OF DEATH HOUR OF DEATH		14. Name of physician or medical examiner 15. Name of coroner or medical examiner 16. Name of funeral director 17. Name of state 18. Name of city or town 19. Name of state 20. Name of city or town 21. Name of state 22. Name of city or town 23. Name of state 24. Name of city or town 25. Name of state 26. Name of city or town			
DATE OF OPERATION, IF ANY		20a. Major findings of operation		21a. WAS CORONER OR MEDICAL EXAMINER NOTIFYED? YES/NO 21b. DATE OF DEATH HOUR OF DEATH		21c. DATE SIGNED 21d. NAME OF FUNERAL DIRECTOR 21e. ILLINOIS LICENSE NUMBER 21f. DATE OF DEATH HOUR OF DEATH		21g. DATE OF DEATH HOUR OF DEATH		21. Name of physician or medical examiner 22. Name of coroner or medical examiner 23. Name of funeral director 24. Name of state 25. Name of city or town 26. Name of state 27. Name of city or town			
NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER 23. Robert Rosen		LOCATION 24a. 111 W. Monroe		STATE 24c. IL		24d. DATE OF DEATH 24e. 11/11/05		24f. DATE OF DEATH 24g. 11/11/05		24. Name of physician or medical examiner 25. Name of coroner or medical examiner 26. Name of funeral director 27. Name of state 28. Name of city or town			
BURIAL, Cremation, RENDOMAL, ETC. 24a. Burial		24b. Name 24c. Street and number 24d. City or town 24e. State		24f. Name 24g. Street and number 24h. City or town 24i. State		24j. Name 24k. Street and number 24l. City or town 24m. State		24n. Name 24o. Street and number 24p. City or town 24q. State		24. Name of physician or medical examiner 25. Name of coroner or medical examiner 26. Name of funeral director 27. Name of state 28. Name of city or town			
FUNERAL DIRECTOR'S SIGNATURE 25b. Robert Rosen		25c. Signature 25d. Date filed by local registrar 25e. Local registrar's signature 25f. Name		25g. Signature 25h. Date filed by local registrar 25i. Local registrar's signature 25j. Name		25k. Signature 25l. Date filed by local registrar 25m. Local registrar's signature 25n. Name		25p. Signature 25q. Date filed by local registrar 25r. Local registrar's signature 25s. Name		25. Name of physician or medical examiner 26. Name of coroner or medical examiner 27. Name of funeral director 28. Name of state 29. Name of city or town			

THIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

FUNERAL DIRECTOR'S SIGNATURE 25b. Robert Rosen		25c. Signature 25d. Date filed by local registrar 25e. Local registrar's signature 25f. Name		25g. Signature 25h. Date filed by local registrar 25i. Local registrar's signature 25j. Name		25k. Signature 25l. Date filed by local registrar 25m. Local registrar's signature 25n. Name	
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THE SOUTH 1 FOOT OF LOT 10 AND THE NORTH 29 FEET OF LOT 11 IN BLOCK 2 IN THE RESUBDIVISION OF BLOCK 1 AND OF LOTS 1 TO 11 INCLUSIVE IN BLOCK 2 IN JEROME E. BATES SUBDIVISION OF THAT PART OF THE WEST 1/2 OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING SOUTH OF LAKE STREET, IN COOK COUNTY, ILLINOIS

CKA: 168 NORTH LATROBE AVENUE, CHICAGO, ILLINOIS 60644

PIN: 16-09-312-044-0000

Property of Cook County Clerk's Office