

13765

UNOFFICIAL COPY



0535741103

Doc#: 0535741103 Fee: \$54.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/23/2005 12:23 PM Pg: 1 of 4

State of Illinois }

County of }

TRISTAR TITLE LLC  
1301 W 22ND ST. STE 505  
OAK BROOK, ILLINOIS 60523  
630-954-4000

## DECEASED JOINT TENANCY AFFIDAVIT

Patricia Black hereinafter referred to as the affiant, states under oath that the affiant resides at 347 West 116th St. in the (City/Town/Village) Cook of Chicago, Illinois; that affiant was acquainted with Charles Black 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 \_\_\_\_\_ County, Illinois and legally described as follows:

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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 decedents' estate, including the taxable interest in the above property was \$ 130,500, 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 us 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 \_\_\_\_\_ 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.

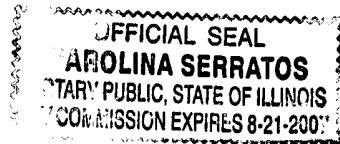
**UNOFFICIAL COPY**Patricia Black {Seal}

{Seal}

Subscribed and Sworn to me before this

8th

day of

December20 05Ann Serratos  
Notary Public.

Property of Cook County Clerk's Office

STATE FILE  
NUMBER

# MEDICAL CERTIFICATE OF DEATH

1. COUNTY OF DEATH		2. DATE OF DEATH (MONTH, DAY, YEAR)	
Cook		MAY 08-07-05	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		4. SEX	
Chicago		Male	
5. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		6. DATE OF BIRTH (MONTH, DAY, YEAR)	
Grenada, MS		02-16-1932	
7. SOCIAL SECURITY NUMBER		8. NAME OF BUSINESS OR INDUSTRY	
1426506830		Patricia Mottley	
9. RESIDENCE (STREET AND NUMBER)		10. NAME OF BUSINESS OR INDUSTRY	
132347 W. 116th Street		General	
11. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
Chicago		12. Graduate of secondary school	
13. STATE		14. INSIDE CITY (YES/NO)	
Illinois		Yes	
15. FATHER-NAME FIRST MIDDLE LAST		16. MOTHER-NAME FIRST MIDDLE LAST	
Edward Black		Lillian Clark	
17. INFORMANT'S NAME (TYPE OR PRINT)		18. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
Patricia A. Black		132347 W. 116th St., Chgo., IL.	
19. PART I		20. PART II	
(a) Immediate Cause (Final disease or condition resulting in death) (b) Conditions, if any, which give rise to immediate cause (c) Stating the underlying cause last (d) Due to, or as a consequence of (e) Due to, or as a consequence of		(a) Immediate Cause (Final disease or condition resulting in death) (b) Conditions, if any, which give rise to immediate cause (c) Stating the underlying cause last (d) Due to, or as a consequence of (e) Due to, or as a consequence of	
Pancratic Cancer		Pancratic Cancer	
21. DATE OF OPERATION, IF ANY		22. MAJOR FINDINGS OF OPERATION	
20th		20th	
23. NAME AND ADDRESS OF CERTIFIER		24. NAME AND ADDRESS OF CERTIFIER	
DR. A. F. T. KILIAN 430 E 31st St. CHGO. 60616		DR. A. F. T. KILIAN 430 E 31st St. CHGO. 60616	
25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		26. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
None		None	
27. BURIAL, CREMATION, REMOVAL, SPECIFY		28. CREMATION, REMOVAL, SPECIFY	
Burial		Burial	
29. CEMETERY OR CREMATORY NAME		30. LOCATION	
Mt. Hope Cemetery		24c North, IL	
31. STREET AND NUMBER OR R.F.D.		32. CITY OR TOWN	
25a. Christian Bros. Funeral Homes, 8243 S. Ashland Ave., Chgo., IL., 60620		Chicago	
33. LOCAL REGISTRAR'S SIGNATURE		34. PLACED BY LOCAL REGISTRAR'S SIGNATURE	
[Signature]		034-015289	
35. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		36. DATE OF BIRTH (MONTH, DAY, YEAR)	
AUG 12 2005		02-16-1932	

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

AUG 12 2005

I, 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 OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

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LOTS 6 AND 7 IN BLOCK 2 IN GAZZAM GANOS' ADDITION TO PULLMAN, BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 AND THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 21, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

CKA: 347 WEST 116TH STREET, CHICAGO, ILLINOIS 60628

PIN: 25-21-408-003-0000

Property of Cook County Clerk's Office