

UNOFFICIAL COPY



DECEASED JOINT TENANT AFFIDAVIT

Doc#: 0600647203 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/06/2006 12:17 PM Pg: 1 of 3

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Order No. _____

IRENE THOMAS being duly sworn states that _____

For Recorder's use only _____

resides at 3203 Emery Lane in the Village of Robbins, County of Cook, State of Illinois.

That Irene Thomas was acquainted with Richard H. Thomas deceased who, at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as: Lot 155 in J.E. Merrion's Robbin's Park, Being a Subdivision Of Lots 3, 4, and Part of Lots 2, 12, and 13 in the Subdivision of the Southeast 1/4 of Section 2, Township 36 North, Range 13, East of the P.I.N. 28-02-423-002 Third Principal Meridian, Cook County, Illinois. Common Address: 3203 Emery Lane, Robbins, Illinois 60472

That the deceased died September 2, 2001, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

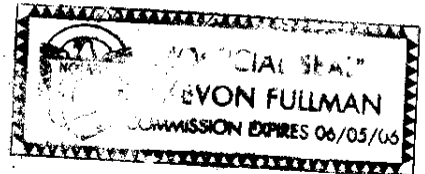
Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

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 \$25,000.00.

Affiant makes this affidavit for that purpose of inducing _____ to issue its Title Insurance Policy, describing the above-mentioned.

Irene Thomas
AFFIANT



Subscribed and sworn to before me by the said

IRENE THOMAS as affiant
this 16th day of December, A.D. 2005

NOTARY PUBLIC

UNOFFICIAL COPY

LOT 155 IN J.E. MERRION'S ROBBIN'S PARK, BEING A SUBDIVISION OF LOTS 3, 4, AND PART OF LOTS 2, 12, AND 13 IN THE SUBDIVISION OF THE SOUTHEAST ¼ OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS;

Property of Cook County Clerk's Office

UNOFFICIAL VITAL RECORD COPY

HARVEY, ILLINOIS

DISTRICT 16.34

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.34</u>	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. <u>Richard H. Thomas</u>			SEX 2. <u>Male</u>
	DATE OF DEATH (MONTH, DAY, YEAR) 3. <u>September 2, 2001</u>			
COUNTY OF DEATH 4. <u>Cook</u>		AGE—LAST BIRTHDAY (YRS) 5a. <u>64</u>	UNDER 1 YEAR 5b. <u>64</u>	UNDER 1 DAY 5c. <u>5d. July 7, 1937</u>
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. <u>Harvey</u>		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <u>Ingalls Memorial Hospital</u>		IF HOSP. OR INST. INDICATE D.O.A., OP/EMER, PMA, INPATIENT (SPECIFY) 6c. <u>Emer. Rm.</u>
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <u>Jackson, MS</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <u>Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <u>Irene Walker</u>	
	SOCIAL SECURITY NUMBER 10. <u>428-66-1318</u>	USUAL OCCUPATION 11a. <u>Cement Finisher</u>	KIND OF BUSINESS OR INDUSTRY 11b. <u>Construction</u>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <u>12th</u>
D	RESIDENCE (STREET AND NUMBER) 13a. <u>3203 Emery Lane</u>	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. <u>Robbins</u>	INSIDE CITY (YES/NO) 13c. <u>Yes</u>	COUNTY 13d. <u>Cook</u>
	CITY 13e. <u>Illinois</u>	ZIP CODE 13f. <u>60472</u>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <u>Black American</u>	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:
PARENTS	FATHER—NAME FIRST MIDDLE LAST 15. <u>Charles Price Thomas</u>	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. <u>Flora Dees</u>		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. <u>Irene Thomas</u>	RELATIONSHIP 17b. <u>Wife</u>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <u>3203 Emery Lane - Robbins, IL 60472</u>	
CAUSE	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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final disease or condition resulting in death) (a) <u>Myocardial infarction</u>	DUE TO, OR AS A CONSEQUENCE OF (b) <u>Myocardial infarction</u>		
DISPOSITION	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			AUTOPSY (YES/NO) 19a. <u>No</u>
	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>	
CERTIFIER	1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. <u>2/13/01</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <u>No</u>	HOUR OF DEATH 21c. <u>11:13 p.m.</u>
	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) 22b. <u>09-06-2001</u>
DISPOSITION	22a. SIGNATURE <u>Dr. M. Bisonaya</u>		ILLINOIS LICENSE NUMBER 22d. <u>036-059785</u>	
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <u>Dr. M. Bisonaya 13450 S. Kedzie Ave. - Robbins, Illinois</u>			NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY—NAME 24b. <u>Homewood Gardens</u>	LOCATION CITY OR TOWN STATE 24c. <u>Homewood Illinois</u>	DATE (MONTH, DAY, YEAR) 24d. <u>09-08-01</u>
	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. <u>W. W. Holt Funeral Home 175 W. 159th St. Harvey Illinois 60426</u>		FUNERAL DIRECTOR'S SIGNATURE 25b. <u>[Signature]</u>	
DISPOSITION	LOCAL REGISTRAR'S SIGNATURE 26a. <u>[Signature]</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>SEP 07 2001</u>	
			DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>SEP 07 2001</u>	

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D10733

DATE ISSUED SEP 12 2001

ISSUED AT:

CITY OF HARVEY
15320 SO. BROADWAY AVE.
ILLINOIS 60426

[Signature]
GWENPOLYN L. DAVIS
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.