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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0601908065 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/19/2006 09:55 AM Pg: 1 of 3

State of Illinois)
County of) ss.

JOAN A. ORR being duly sworn states that she resides at 6245 W. 95th St., Oak Lawn, Illinois 60453. That she was acquainted with JOHN F. ORR, her husband, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

SEE ATTACHED

That the deceased died December 24, 2005, 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 Cook 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 _____

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

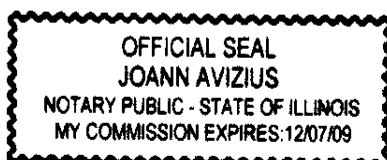
Subscribed and sworn to before me by the said

JOAN A. ORR

this 16th day of January, A.D. 2006

Joann Avizius
Notary Public

Joan Orr
(affiant's signature)



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-EXHIBIT "A"-
-Legal Description-

LOTS 5 AND 6 IN BLOCK 2 IN H.O. STONE AND COMPANY'S 95TH STREET COLUMBUS MANOR BEING A SUBDIVISION OF THE NORTH HALF OF THE NORTH WEST QUARTER OF THE NORTH WEST QUARTER AND THE SOUTH WEST QUARTER OF THE NORTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 8, TOWNSHIP 37 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 6245 W. 95th St., Oak Lawn, IL 60453

PIN: 24-08-102-005-0000 & 24-08-102-006-0000

Property of Cook County Clerk's Office

County of Cook

DAVID ORR, County Clerk

DEC 29 2005

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr

COUNTY CLERK

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

DECEDENT'S BIRTH NO. REGISTRATION DISTRICT NO. REGISTERED NUMBER

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION

1. DECEASED-NAME		JOHN		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	(MONTH, DAY, YEAR)
2. COUNTY OF DEATH		COOK		AGE LAST BIRTHDAY (YRS)		58	66	3. DECEMBER 24, 2005	
3. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		OAK LAWN		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN SET, GIVE STREET AND NUMBER)		ADVOCATE CHRIST MEDICAL CENTER		6. D.O.A.	
4. BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY)		CHICAGO, ILLINOIS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		MARRIED		7. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
5. SOCIAL SECURITY NUMBER		338-34-0807		8. USUAL OCCUPATION		TRUCK DRIVER		9. JOAN MOORE	
6. RESIDENCE (STREET AND NUMBER)		6245 W. 95TH ST.		10. KIND OF BUSINESS OR INDUSTRY		TRUCKING		11. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
7. STATE		ILLINOIS		12. CITY		OAK LAWN		13. COUNTY	
8. FATHER-NAME		DAVID		14. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		NO		15. MOTHER-NAME	
9. FATHER-NAME		JOAN ORR		16. MOTHER-NAME		OLGA		17. MIDDLE	
10. INFORMANTS NAME (TYPE OR PRINT)		JOAN ORR		18. RELATIONSHIP		WIFE		19. MIDDLE	
11. PART I. Immediate Cause (Final disease or condition resulting in death)		LEUKEMIA CANCER		12. DUE TO, OR AS A CONSEQUENCE OF		CANCER		13. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	
14. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(A) LEUKEMIA CANCER		(B) DUE TO, OR AS A CONSEQUENCE OF		CANCER		15. DATE OF OPERATION, IF ANY	
16. DATE OF OPERATION, IF ANY		2006		17. MAJOR FINDINGS OF OPERATION		2006		18. AUTOPSY (YES/NO)	
19. (I/D) DID YOU ATTEND THE DECEASED AND LAST SEEN WHEN ALIVE ON		21. DATE		22. TIME		23. PLACE		24. SIGNATURE	
20. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21. DATE		22. TIME		23. PLACE		24. SIGNATURE	
21. NAME AND ADDRESS OF CERTIFIER		DR. PHILIP COZZI		22. TYPE OR PRINT		PHILIP COZZI		23. ILLINOIS LICENSE NUMBER	
24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		DR. PHILIP COZZI		25. TYPE OR PRINT		PHILIP COZZI		26. ILLINOIS LICENSE NUMBER	
27. NAME OF FUNERAL HOME		THOMPSON & KUENSTER FUNERAL HOME		28. STREET AND NUMBER OR R.F.D.		5570 W. 95TH ST. OAK LAWN, ILLINOIS 60453		29. DATE	
30. LOCAL REGISTRARS SIGNATURE		David Orr		31. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		DEC 29 2005		32. ILLINOIS LICENSE NUMBER	