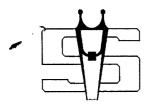
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Sanctity of Contract



Doc#: 0603702090 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 02/06/2006 08:08 AM Pg: 1 of 3

Stewart Title Company of Illinois

STEWART TITLE OF INCHES

2 N. LaSallo Street
Sulte 625
Chicago, IL 60662
312-249-4243

DECEASED JOINT TENANCY AFFIDAVIT								
STATE OF ILLINOIS) COUNTY OF () SS. STCI File Number: 468620								
being duly sworn states that resides at \$3 \$ 2100 A.F. in the City of That was acquainted with LOIS BOALTON deceased who, at the time of death, was one of the								
sworn of the land in County, Illinois, describes as:								
That the deceased died 5 - 7 - 2 - 2 - 2 - 3, 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 ofCounty, Illinois. Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Courty, 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 BD, COCO								
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.								
Subscribed and sworn to before me by the said								
this <u>JC</u> day of								
Notary Public "OFFICIAL SEAL" (Affiant's Signature) Donna J. Cerf								

Notary Public, State of Illinois My Commission Exp. 02/23/2010

⁻0603702090 Page: 2 of 3⁻

STATE OF ILLINOIS)
County of Cook)

UNOFFICIAL COPYUN 09 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 FAEREOF, 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.

Thank On

			PHI	NIEU BY A	UINONIIT OF IF	ie oʻinie or ili	COŬNTÝ CLERI		
	DISPOSITION	CERTIFIER	υ z	On 4.	CAUSE	PARENTS 1	B	Type or Print in PERMANENT INIX See Funeral Directors. Hospital, or Physicians Handbook for INSTRUCTIONS	DECEDENT'S BIRTH NO.
I I I ≥ 	PUNERAL HOME PUNERAL HOME PUNERAL HOME PUNERAL HOME PUNERAL HOME	OF CERTIII	203 IODIVISTRAM A TENDTHE PECE IODIVISTRAM A TENDTHE PECE OTHER TEST OF MYKNOWLEDGED	PART II. Other algoriticant condition.	dision dision why RISE TO AUSE (a) UNDERLYING	15. LLOYD INFORMANT'S NAME (TYPE OR PRINT) 17a. WILLIAM BRANTLEY 18. PARTI. Enter the disease shock, or hear	FOREISM COUNTRY 7, HOUSTON, TX 8000AL SECURITY NUMBER 10, 352-16-3943 1 RESIDENCE (STREET MONMBER) 13a. 823 SOUTH 21st A STATE ZIP CODE 13b. ILLINOIS 13t. 60 FATHER-NAME FIRST MII		0.0
Illifold Consumment of Public Health—Division of Vital Records	24c. CHICAGO TAND NUMBER OR R.F.D. JEST 79th STREET.	NIFOTHER THANCERTIFIER (TYPEORPHIN)	TE AND PLACE AND DUE TO THE	Ling to death but not resulting in the underlying cause given in PART L. LIAALOR FINDINGS OF OPERATION	(a) DUE TO LIANALONSEQUENCE OF (b) PUE TO, ORAS ACONSEQUENCE OF	DOW 16. IADE: ARELATIONSHIP MAILING ADDRESS 17b. HUSBAND 17c823 SO- Classess, or complic	MIDDULE Ba.MARRIED Bb.WILL Bl.WILL	AGE-LAST UNDER 1 PER PRANTIEY 2. F. AGE-LAST UNDER 1 PER PROPER 1 DAY DAY DAY (YRS) DAYS DAYS MIN DAY	STATE OF ILLINOIS MEDICAL CERTIFICATE OF
PLINERAL DIRECTOR'S ILLINOIS LICENSE MAMBER 25c.034-015658 DATE FILED BY LOCAL REGISTRAN (MONTH DAY, YEAR) 26b. (BASEDOM 1989) U.S. STANDARD CERTIFICATE)	INOIS 60655 24dJU	22b. 6 ILLINOIS LICENSE 220.26 0 NOTE: F ANSAURY W DEATH THE CORONES MUST BE NOTIFIED DATE	THREE MONTHS? 20C. YES [] NOTE ANS CORONER OR MEDICAL HOUR OF DEATH EXAMINER NOTIFIED? (YES/NO) 21C. 8:30 A.M. CAUSÉ(S) STATED. DATE SIGNED MONTH, DAY, YEAR CAUSÉ(S) STATED.	AUTOPSY WERE AUTOPS PROMOS AVALUALE PROPRIO (PESNO) 19aNO 19b. IF FEMALE WAS THERE A PREGNANCY NI PAST		HUMPHREY-REDIC NODRESS (STREET AND NO. OR R.F.D., CITYOR TOWN, STATE ZIP) 3 SO. 21st AVE., MAYWOOD, II. 60153 dying, such as cardiac or respiratory arrest. **PROTOGRAPHIC TOWN, STATE ZIP) **PRO	DUCATION (SPECIFYONI YHIGHESTGR College 2 10 YEARS 2 10		STATE FILE NUMBER DEATH

0603702090 Page: 3 of 3

File Number: TM202717 OFFICIAL COPY **LEGAL DESCRIPTION**

IN.

IN BLOCK 7 IN CUMMINGS ..

VISION, BEING A SUBDIVISION I.

H, RANGE 12, EAST OF THE THIRD F.

ROED JANUARY 23, 1924 AS DOCUMEN.

mmonly known as: 823 South 21stAvenue

Maywood IL 60153

PINTO: 15 10 - 328 - 608 SUBDIVISION, BEING A SUBDIVSION IN THE SOUTHWEST QUARTER OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF