

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT



Doc#: 0604147002 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/10/2006 09:05 AM Pg: 1 of 3

STATE OF ILLINOIS)
) SS.
COUNTY OF)

Order No. _____

I being duly sworn states that

For Recorder's use only

resides at 9924 S. Emerald
in the City of Chicago, County of Cook, State of Illinois.

That I was acquainted with Metra Robinson deceased who, at the time of her death was one of the owners of the land in Cook County, Illinois, legally described as:

P.I.N. 25-19-300-035-0000
Common Address: 9924 S. Emerald

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

That the deceased died:

Leaving no Last Will & Testament.

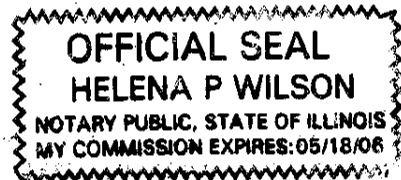
Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

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 _____.

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

Helena P. Robinson
AFFIANT



Subscribed and sworn to before me by the said

HELEN L. ROBINSON as affiant
this 9th day of FEBRUARY, A.D. 2006

John Wilson
NOTARY PUBLIC

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**LOT 11 IN BLOCK 24 IN EAST WASHINGTON HEIGHTS, A SUBDIVISION OF THE WEST
HALF OF THE NORTHWEST QUARTER AND THE SOUTHWEST QUARTER OF SECTION 9,
TOWNSHIP 37 NORTH, RANGE 14 OF THE THIRD PRINCIPAL MERIDIAN IN COOK
COUNTY, ILLINOIS.**

Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

JUL 13 2004

UNOFFICIAL COPY

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. **16.0**

REGISTERED NUMBER

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FULL NUMBER

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

1. COUNTY OF DEATH COOK	FIRST METRA	MIDDLE	LAST ROBINSON	SEX FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3 JULY 10, 2004
4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER COOK	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	AGE-LAST BIRTHDAY (YRS) 5a. 83	UNDER 1 YEAR MOS. DAYS HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. FEBRUARY 4, 1921	IF HOSP. OR INST. INDICATE D.O.A., OPENER, RM, INPATIENT (SPECIFY)
6a. OAK LAWN	6b. MANOR CARE HEALTHCARE CENTER	MARRIED NEVER MARRIED WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (IF MAIDEN NAME, IF WIFE)	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+)	9. NO
7. MARVELL, AR	8a. WIDOWED	8b. WIDOWED	8c. NONE	12. 8	13d. COOK
10. 431-38-7685	11a. HOMEMAKER	11b. OWN HOME	11c. CHICAGO	13c. YES	
13a. 9924 SOUTH EMERALD	13b. CHICAGO	14b. X <input type="checkbox"/> YES <input type="checkbox"/> NO	14c. FRANCES	14d. MIDDLE	14e. WORTHY
13e. ILLINOIS	13f. 60628	14a. BLACK	14b. X <input type="checkbox"/> YES <input type="checkbox"/> NO	14c. FRANCES	14d. MIDDLE
15. HERBERT	15a. JOHNSON	15b. DAUGHTER	15c. 17c.10441 SO. EMERALD - CHICAGO, IL60628	15d. FRANCES	15e. WORTHY

PARENTS

17a. **HELEN ROBINSON**
17b. **DAUGHTER**
17c. **17c.10441 SO. EMERALD - CHICAGO, IL60628**

18. PART I: Immediate Cause (Final disease or condition resulting in death)
(a) Noticable laceration to the brain
(b) and hip

18. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

CAUSE

20a. DATE OF OPERATION (IF ANY)

20b. MAJOR FINDINGS OF OPERATION

20c. AUTOPSY (YES/NO) **NO**

20d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **NO**

20e. IF FEMALE, WAS THERE A PREGNANCY (IN PAST THREE MONTHS)? **NO**

21a. I (DED) (INDICATE) AND LAST SAID WHETHER ALIVE ON

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**

21c. HOUR OF DEATH **12:35 P. M.**

21d. DATE SIGNED (MONTH, DAY, YEAR) **7/10/04**

21e. ILLINOIS LICENSE NUMBER **036-00777**

CERTIFIER

22c. **MARK REITER, MD** 4400 WEST 95TH ST. OAK LAWN, ILLINOIS

22d. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

22e. ILLINOIS LICENSE NUMBER

DISPOSITION

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

24a. **BURIAL**

24b. **OAKLAND MEMORY LANES**

24c. **DOLTON, ILLINOIS**

24d. **24 JULY 16, 2004**

25a. **EVANS FUNERAL HOME LTD** 6453 SOUTH ASHLAND AVENUE CHICAGO, ILLINOIS 60636

25b. **Funeral Director's Signature**

25c. **Funeral Director's Signature**

25d. **Funeral Director's Signature**

25e. **Funeral Director's Signature**

25f. **Funeral Director's Signature**

25g. **Funeral Director's Signature**

25h. **Funeral Director's Signature**

25i. **Funeral Director's Signature**

25j. **Funeral Director's Signature**

25k. **Funeral Director's Signature**

25l. **Funeral Director's Signature**

25m. **Funeral Director's Signature**

25n. **Funeral Director's Signature**

25o. **Funeral Director's Signature**

25p. **Funeral Director's Signature**

25q. **Funeral Director's Signature**

25r. **Funeral Director's Signature**

25s. **Funeral Director's Signature**

25t. **Funeral Director's Signature**

25u. **Funeral Director's Signature**

25v. **Funeral Director's Signature**

25w. **Funeral Director's Signature**

25x. **Funeral Director's Signature**

25y. **Funeral Director's Signature**

25z. **Funeral Director's Signature**

VR200 (Rev. 5/89)

Illinois Department of Public Health--Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)