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FINANCIAL TITLE SERVICES



Doc#: 0604708071 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/16/2006 10:44 AM Pg: 1 of 3

DECEASED JOINT TENANT AFFIDAVIT

State of Illinois
County of COOK

RE: File Number 601052

3007-250109

Eugene Brodsky being duly sworn and for the purposes of inducing
Financial Title Services to delete all title exceptions caused by the death of
Eugene Brodsky states:

1. That Affiant resides at 11335 So. Perry.
2. That Affiant was acquainted with said decedent who died on 3-3-97
as evidenced by the certified copy of death certificate attached hereto;
3. That said decedent was one of the owners of land described in the subject file.
4. That said decedent died:
 - ~~leaving~~ no Last Will and Testament;
 - leaving a Last Will and Testament, a copy of which is attached hereto;
 - leaving a Last Will and Testament, which was filed in the unproven will box
of the Probate Division of the Circuit Court of _____ County on _____.
5. That the total value of the estate of said decedent, including both real and personal
property owned by said decedent either individually or in joint tenancy at the date
of death, does not exceed \$100,000.00.

Subscribed and sworn to before me by the said Affiant
This 3rd day of Feb, 2006.

D. R. B.
Notary Public

Eugene Brodsky



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STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>1631</u>	DECEASED-NAME <u>EUGENE BRADFORD SR</u>	SEX <u>2 MALE</u>	DATE OF DEATH MONTH DAY YEAR <u>3 MARCH 3, 1997</u>
REGISTERED NUMBER <u>110</u>	CITY, TOWN, TWP, ROAD DISTRICT NUMBER <u>Cook Blue Island</u>	AGE LAST BIRTHDAY (YRS) MONTH DAY <u>52 62</u>	DATE OF BIRTH MONTH DAY YEAR <u>54 January 28, 1935</u>
COUNTY OF DEATH <u>Cook</u> HOSPITAL OR OTHER INSTITUTION-NAME OF NOT PRESENT (GVA, S, A, E, T AND NUMBER) <u>St. Francis Hospital</u> CITY, TOWN, TWP, ROAD DISTRICT NUMBER <u>Blue Island</u> MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>8b. Married</u> PLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Brownsville, TN</u> USUAL OCCUPATION <u>Truck Driver</u> SOCIAL SECURITY NUMBER <u>286-32-3894</u> RESIDENCE (STREET AND NUMBER) <u>11835 South Perry</u>			
13a. <u>11835 South Perry</u> RACE (WHITE, BLACK, AMERICAN INDIAN, OR OTHER) <u>14a. Black</u> STATE <u>Illinois</u> ZIP CODE <u>150628</u> 14b. <u>NO</u> 14c. <u>YES</u> SPECIFY: <u>13b. Chicago</u> 14d. <u>NO</u> 14e. <u>YES</u> SPECIFY: <u>13c. Cook</u>			
FATHER-NAME FIRST MIDDLE LAST <u>Morgan Bradford</u> MOTHER-NAME FIRST MIDDLE LAST <u>Ingram</u> INFORMANT'S NAME (TYPE OR PRINT) <u>Viola</u> RELATIONSHIP <u>wife</u> MAILING ADDRESS (STREET AND NO OR R/F D, CITY OR TOWN, STATE, ZIP) <u>11835 S. Perry, Chicago, IL</u>			
17a. <u>Evorn Bradford</u> 17b. <u>wife</u> 17c. <u>11835 S. Perry, Chicago, IL</u> 18. PART I. Enter the disease or condition (a) 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. (a) <u>Metastatic Anal Cell Carcinoma</u> (b) <u>Prostate Carcinoma</u> (c) <u>Rectal Carcinoma</u>			
PART II. Enter the condition (disease or condition) resulting in death. Do not enter the underlying cause (a) if it is the cause of 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. <u>Diagnosed percutaneous effusion</u>			
DATE OF OPERATION IF ANY <u>3-2-97</u> MAJOR FINDINGS OF OPERATION <u>Acute</u> 20a. <u>NO</u> 20b. <u>NO</u> 20c. <u>NO</u> 21a. <u>NO</u> 21b. <u>NO</u> 21c. <u>NO</u> 21d. <u>NO</u> 22a. SIGNATURE <u>AL KUTNER</u> 22b. <u>60406</u> 22c. <u>036076049</u> NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>DR. A. KUTNER-2310 YORK ST. BLUE ISLAND, IL</u>			
23. <u>Blue Island</u> 24a. <u>Burial</u> 24b. <u>Mt. Hope Cemetery</u> 24c. <u>Chicago, IL</u> NAME AND ADDRESS OF FUNERAL HOME <u>Calahan Funeral Home, 7030 S. Halsted St., Chicago, IL 60621</u>			
25a. <u>Calahan Funeral Home, 7030 S. Halsted St., Chicago, IL 60621</u> 25b. <u>Calahan</u> 25c. <u>034-012004</u> LOCAL REGISTRAR'S SIGNATURE <u>Tom Johnson</u> DATE (MONTH, DAY, YEAR) <u>Mar 8, 1997</u>			

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I HEREBY CERTIFY THAT THE foregoing is a true and correct copy of the DEATH RECORD for the decedent named at ITEM 1 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.

DATE MAR 13 1997 SIGNED Tom Johnson
BLUE ISLAND, ILLINOIS OFFICIAL TITLE, LOCAL REGISTRAR

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Permanent Index Number: 25-21-428-008

Common Address: 11835 SOUTH PERRY, CHICAGO, IL 60629

Legal Description:

LOT 13, (EXCEPT THE NORTH 3 1/2 FEET) AND THE NORTH 13 1/2 FEET OF LOT 14, IN BLOCK 7, JAMES R. MANN'S ADDITION TO PULLMAN, IN THE SOUTHEAST 1/4 OF SECTION 21, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office