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06-01076



Doc#: 0609504000 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/05/2006 09:26 AM Pg: 1 of 4

PLEASE USE THIS PAGE FOR RECORDING PURPOSE ONLY

Property of Cook County Clerk's Office

**RETURN RECORDING DOCUMENT TO
TRISTAR TITLE
7358 LINCOLN AVE SUITE 120
LINCOLNWOOD IL, 60172**

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TICOR TITLE INSURANCE COMPANY DECEASED JOINT TENANCY AFFIDAVIT

Commitment Number: 7206-01096

State of Illinois }
County of Will } SS.

That he/she was ^{being duly sworn states that he/she resides at} ~~resided with~~ Carol Johnson, deceased who, at the time of his/her death, was one of the owners of the land in Will County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on Sept. 08, 2004, as evidenced by a certified copy of the death certificate of said 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 on or 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 the purpose of inducing Ticor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

X (SEAL) Carol Johnson

SUBSCRIBED and SWORN to before me on

Stephanie Lee Chamberlin
Notary Public



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02/19/2006

08:28

8157419917

JOHNSON

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.92		STATE OF ILLINOIS				STATE FILE NUMBER		
REGISTERED NUMBER 1149		MEDICAL CERTIFICATE OF DEATH								
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)				
A. DECEASED		1. Cecil C. JOHNSON			2. Male	3. September 8, 2004				
B.		COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
C.		4. COOK		5a. 47	5b. MOB. DAYS	5c. HOURS MIN.	5d. October 24, 1956			
D.		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER DIVISION, GIVE STREET AND NUMBER)			IF HOSP. OR INST. INDICATE D.O.A., DRIVER, P.M., INPATIENT (SPECIFY)			
E.		6a. PROVISO TOWNSHIP		6b. VETERANS ADM. HINES, IL 60141			6c. Inpatient			
PARENTS		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES-NO)		
15. FATHER-NAME FIRST MIDDLE LAST		7. Chicago, Illinois		8a. Married		8b. Marlene London		8. Yes		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY HIGHEST GRADE COMPLETED)		Elementary/Secondary (0-12) College (14 or 16)		
10. 350-48-6779		11a. Officer		11b. Corrections		12. 12		1. 12		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES-NO)		COUNTY				
13a. 2122 McDonough Street		13b. Joliet		13c. Yes		13d. Will				
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)				
13a. Illinois		60436		14a. Black		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
15. Cecil Johnson		16. Irene Ransom		17a. Karyn L. Dagen		17b. Hospital Records		17c. VETERANS ADM. HINES, IL 60141		
18. PART I		Enter the diseases, conditions, or locations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or open fall (e. g. Lid. only the cause on each line.							APPROPRIATE INITIALS BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Metastatic Lung Carcinoma								
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF								
PART II		DATE OF OPERATION, IF ANY							MAJOR FINDINGS OF OPERATION	
19a. None		19b. None							19c. NO	
19d. NO		19e. NO							19f. NO	
WHO (PERSON) ATTENDED THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/her ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH						
20a. September 8, 2004		21b. Yes		21a. 4:55 P.M.						
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED								
22a. SIGNATURE Robert M. Klauer, D.O.		22b. September 9, 2004								
NAME AND ADDRESS OF CERTIFIER		ILLINOIS LICENSE NUMBER								
22c. VETERANS ADM. HINES, IL 60141		22d. 036-107525								
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.								
23. None		23. None								
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN		STATE		
24a. Burial		24b. Lincoln National		24c. Elwood, Illinois		24d. Illinois		24e. 9/16/2004		
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE		
25a. Leak And Sons Funeral Home		25b. Leak		25c. 7838 e. Cottage Grove Chicago, Ill 60619		25d. Illinois		25e. 031-007489		
LOCAL REGISTRAR'S SIGNATURE		BROADVIEW ILLINOIS		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. Michael A. McDemott		26b. September 15, 2004								

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 Vital Records Act.

DATE **SEP 15 2004** SIGNED **Michael A. McDemott**
AT **BROADVIEW, ILLINOIS**, Illinois OFFICIAL TITLE **LOCAL REGISTRAR OF VITAL STATISTICS**

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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Ticor Title Insurance Company

Commitment Number: TC06-01076

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

LOT 46 IN BLOCK 9 IN MARYCREST FIRST ADDITION, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 18, IN TOWNSHIP 35 NORTH, AND IN RANGE 10 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED June 22, 1953, AS DOCUMENT NO. 730431, IN WILL COUNTY, ILLINOIS.

C/K/A: 2113 MCDONOUGH ST., JOLIET, IL 60436

P.I.N. 07-18-110-030-0000

Property of Cook County Clerk's Office