



JOINT TENANCY AFFIDAVIT



Doc#: 0613102095 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 05/11/2006 09:17 AM Pg: 1 of 3

Above Space for Recorder's Use Only

Helen Foster, hereinafter

referred to as the arrant states under oath that the affiant resides at 15031 VINE STREET, in the City of HARVEY, Illinois; that are affiant was acquainted with JIMMIE FOSTER, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on $\frac{1}{300}$, leaving no/a last will and testament
That the total value of decedent's estate, including the taxable interest in the above property was \$; and
That the value of the above property individually was \$

IOFFICIA

That the affiant makes this affidavit to induce STEWART TITLE to issue its policy of title insurance on the above described property.

The affiant hereby covenants and agrees, for himself/herself/themselver heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold STEWART TILLF, he mless and to reimburse the Fund for all loss, costs, damages, suites, attorney's fees and expenses and every kind and nature which the fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

- 1. Claims against the estate of JIMMIE FOSTER, the decedent;
- 2. Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;
- 3. Legacies, if any, created by the will of said decedent,
- 4. Rights to contribution.

Seal)
Seal)

STATE OF ILLINOIS)
SS COUNTY OF COOK)

Notary Public

Official Seal Roderick T Sawyer Notary Public State of Illinois My Commission Expires 10/31/2009

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HARVEY, ILLINOIS DISTRICT 16.34

DENT'S BIRTH NO.	REGISTRATION L. 24
	REGISTERED

STATE OF ILLINOIS

	REGISTERED NUMBER	ME	DICAL C	ERTIFICA	TE OF D	EATH	NUMBER (5)	
Type or Print in PERMANENT MK	DECEASED-NAME	FIRST	MIDULE	LAST	SEX	Intre ocean	TH (MONTH, DAY, YEAR)	
See Funeral Directors.	1. Jima	nie		Foster	2 Male		·	
Hospital, or Physicians Handbook for	COUNTY OF DEATH		AGE-LAST	I INDER I VEAR TIME	12 17016	3 Janu	ary 3, 2006	
MSTRUCTIONS	4. Cook		BIRTHDAY (YAS)	THUS HOUS	RS IMMN.			
	CITY, TOWN, TWP, OR ROAD DIS	TRICTNIMAFE	5a. 67	5b. 5c.		une 21,	1938	
	6a Harvey		Tanas	HER INSTITUTION NAME (I	NOT METHER, GIVE ST	REET AND NUMBERS	IF HOSP OR INST, INDICATE D.O. OPEMER, RM, INPATIENT (SPECI	<u>.</u>
A		Lucioro vie	6b. inga	ls Memoria	I Hosbit	al	aInpatient	
DECEASED	BIRTHPLACE (CITY AND STAYE OR FOREIGN COUNTRY)	1.10001.00,014	ER MARRIED, ORCED (SPECIFY)	NAME OF SURVIVING	SPOUSE MAIDEN NAM	E, IF WIFE)	WAS DECEASED EVER ARMED FORCES! YE	NU.
	MMississippi		rried	ab. Hele	n LESEY		9 NO	SMC
в	SOCIAL SECURITY NUMBER	USUAL OCCUP	7	KIND OF BUSINESS OF	INDUSTRY EDUC	ATION ISPECIFYONL	(HIGHEST GRADE COMPLETED)	
Ç	10 426-70-7448	1112	Driver	11h UPS	Elemen 12	Secondary (0-12)	College (1-4 or 5+)	
D	MESIDENCE ISTREET AND NUMBER	1)	CITY.	TOWN, TWP, OR ROAD	DISTRICT NO.	MISIDE CITY	COUNTY	
· E	_{13a.} 15031 Vin	e	130.	Harvey		13c.Yes	01-	
	STATE	CODE	CE (WHITE, BLACK, AL		NIC OBICING .	13c.1 C S	13d. COOK	
	130.ILL 1/101.5 13	COASC ME	MM on (SPECIFY)	La misen	NIC CHICKINY (SPECIFY	NO OR YES-IF YES, SPISO	IFY CUBAN, MEXICAN, PUERTO RICAN	(1965.)
	FATHER-NAME FINT	MIDDLE	-	146. 🔞		SPECIFY:		
PARENTS	C.	MINORE	LAST	MOTHER	NAME FIRST	MIDDLE	(MAIDEN) LAST	
	15. Kenre	5] V		ster 16.	Kate	Ľ.	Malone	
	INFORMANTS NAME (TYPEONER		R	ELATIONSHIP MAIL	LING ADDRESS (SOTHE	ETAND NO ORRED. C	TYOR TOWN, STATE, ZIP)	
1	17a. HELEN FOSTER	?		WIFE 17c	15031 V	ine Harve	v IL 60426	
2	18. PART I. Ente	the ca. was A comp	Cutions that caused th	e death. Do not enter the mo	do of dying, such as on	diac of recoiratory are	APPROXIMATE INTERNAL SET WEEN COME Y AND DEATH	
3	Immediate Course (Final	k, or hears to lure. List	only one cause on a	nch line.		,	METWEEN CHREY AND DEATH	1
	disease or condition resulting in death)	(a) C 23	rebyovan	a lar A	xccident		j	
	(month in seem)	DUE TO, OR AS A		/ /	-ceach-			
	CONDITIONS, IF ANY	(b)						
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	DUE TO, OF AS ACO	NSFOLENC C			· ~~~~		
	STATING THE UNDERLYING CAUSE LAST.		7					
		(c)					`	
•	PAPT II. Other elegisticant conditions con	unazinendi eo deseu prz. uet 16	sulling in the underlying o	ARGINAL RPARTI.		AUTOPSY (YESHO)	WERE AUTOPRY PRODUCT AVAILABLE PRICE COMPLETION OF CAUSE OF OF A THY SYSSAM	
5	-		<u> </u>	<u> </u>		ISa No	19b.	•
N	DATE OF OPERATION, IF ANY	MAJOR FINDING	SOFOPERATION	0,		IF FEMALE	WAS THERE A PREGNANCY IN PAST	
P	20a.	20b.			•	4	NTHE7 /ES [] NO []	
	I (DID) (DID NOT) ATTEND THE DEC AND LAST SAW HIMHER ALIVE ON	EASED (MONTH D		77	WASCORONERO	RIMEDICAL THOUR	OF DEATH	_
	21a.	_ 11 ~ 10	6		EXAMINER NOTIFI	las Q	:10 A. M	
· 1	TO THE BEST OF MY KNOWLEDGE	DEATH OCCUPIED	AT DIPTIME, DATE	NID PLACE AND DUE TO	OF CALSE(SISTATE	D. DATES		
	22a. SIGNATURE					1		
CERTHER	NAME AND ADDRESS OF CERTIFIE	TYPE OR PRIN				22b.	119106	
			"	A	604	4 1	SLICENSE NUMBER	
-	22c. Wasim Khawa	aja MD 46	47 Linco	oln Hwy. Ma	ittesch I	L 220.	36-110331	
j	4				,	MOTE: F	AMELINY WAS INVOLVED IN THIS	_
ζ	23. WASIA	1 41 194		MD		DEATHY BE	HE CORONIER OR MEDICAL EXAMINE MOTUPAL	
ſ	BURIAL, CREMATION. CE REMOVAL (SPECIFY)	METERY OR CREMA	TORY-NAME	LOCATION	CSTY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)	
	24a BURIAL 24	MT. HOPE	CEMETERY	24c, CHICA	GO, IL	0	246 1-12-06	
DIC COSTS CIT	FUNERAL HOME	NAME	STREET AND N	UMBER OR R.F.D.	CITY OR TOWN	31	A E ZIP	
DISPOSITION	25a GATLING"S CHA	PEL INC.	10133 5	. HALSTED ST	CHICAGO,	IL 6062	P C	
1 .	FUNERAL DIRECTOR'S SIGNATURE			· MINITED 31		HALDIRECTORS ILLING		
	10/10/1	Lis vin-				Dad Nice		
<u> </u>	25b.	a full of			25c		115	_
	LOCAL REGISTRATE SICKLEUPE	and the	lleira		DATE		TRARIMONTH JAY, 1 EAR)	
	26a.	U		**	26b	<u>JAN</u>	0 9 2006	_
	V/D900 (Elm. 5/80)	00						_

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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.

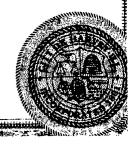
D37224

DATE ISSUED

ISSUED AT

CITY OF HARVEY 320 SO. BROADWAY AVE. ILLINOIS 60426

This copy not valid unless prepared on engraved border displaying seat and signature of Local Registrat



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UNOFFICIAL COPY

× . .

THE SOUTH 1/2 OF LOT 23, ALL OF LOT 24 AND LOT 25 IN HALPIN'S SUBDIVISION OF BLOCK 38 IN SOUTH LAWN, A SUBDIVISION OF SECTION 17, AND THE SOUTH 1/2 OF SECTION 8, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of County Clerk's Office