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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



0615104134

Doc#: 0615104134 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/31/2008 11:17 AM Pg: 1 of 4

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243

Property of Cook County Clerk's Office

State of Illinois
County of Cook

)
) ss.

Order No. 478969

4
R

FRANKIE PRICE being duly sworn
states that she resides at 533 N. Springfield, in the City of Chicago.

That she was acquainted with ODELL PRICE
deceased who, at the time of his death, was one of the owners of the land in
Cook County, Illinois, described as

LOTS 38 AND 39 IN EDWARD MILLER AND OTHERS' SUBDIVISION OF BLOCK 10 IN HARDING'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 39 NORTH, RANGE 13, LYING EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died October 30, 2000, 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 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 \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

REGISTRATION DISTRICT NO. **6.10**
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
617112

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
NOV 02 2000

DECEASED - NAME: **DELL** FIRST: **PRICE** MIDDLE: **SR** LAST: **M** SEX: **M** DATE OF DEATH: (MONTH DAY YEAR) **NOV 30 2000**

CITY/TOWN/TWP. OR ROAD DISTRICT NUMBER: **4. COOK** COUNTY OF DEATH: **COOK** AGE - LAST BIRTHDAY (YRS) **58** UNDER 1 YEAR: **0** 1 YEAR: **0** 2 YEARS: **0** 3 YEARS: **0** 4 YEARS: **0** 5 YEARS: **0** 6 YEARS: **0** 7 YEARS: **0** 8 YEARS: **0** 9 YEARS: **0** 10 YEARS: **0** 11 YEARS: **0** 12 YEARS: **0** 13 YEARS: **0** 14 YEARS: **0** 15 YEARS: **0** 16 YEARS: **0** 17 YEARS: **0** 18 YEARS: **0** 19 YEARS: **0** 20 YEARS: **0** 21 YEARS: **0** 22 YEARS: **0** 23 YEARS: **0** 24 YEARS: **0** 25 YEARS: **0** 26 YEARS: **0** 27 YEARS: **0** 28 YEARS: **0** 29 YEARS: **0** 30 YEARS: **0** 31 YEARS: **0** 32 YEARS: **0** 33 YEARS: **0** 34 YEARS: **0** 35 YEARS: **0** 36 YEARS: **0** 37 YEARS: **0** 38 YEARS: **0** 39 YEARS: **0** 40 YEARS: **0** 41 YEARS: **0** 42 YEARS: **0** 43 YEARS: **0** 44 YEARS: **0** 45 YEARS: **0** 46 YEARS: **0** 47 YEARS: **0** 48 YEARS: **0** 49 YEARS: **0** 50 YEARS: **0** 51 YEARS: **0** 52 YEARS: **0** 53 YEARS: **0** 54 YEARS: **0** 55 YEARS: **0** 56 YEARS: **0** 57 YEARS: **0** 58 YEARS: **0** 59 YEARS: **0** 60 YEARS: **0** 61 YEARS: **0** 62 YEARS: **0** 63 YEARS: **0** 64 YEARS: **0** 65 YEARS: **0** 66 YEARS: **0** 67 YEARS: **0** 68 YEARS: **0** 69 YEARS: **0** 70 YEARS: **0** 71 YEARS: **0** 72 YEARS: **0** 73 YEARS: **0** 74 YEARS: **0** 75 YEARS: **0** 76 YEARS: **0** 77 YEARS: **0** 78 YEARS: **0** 79 YEARS: **0** 80 YEARS: **0** 81 YEARS: **0** 82 YEARS: **0** 83 YEARS: **0** 84 YEARS: **0** 85 YEARS: **0** 86 YEARS: **0** 87 YEARS: **0** 88 YEARS: **0** 89 YEARS: **0** 90 YEARS: **0** 91 YEARS: **0** 92 YEARS: **0** 93 YEARS: **0** 94 YEARS: **0** 95 YEARS: **0** 96 YEARS: **0** 97 YEARS: **0** 98 YEARS: **0** 99 YEARS: **0** 100 YEARS: **0**

CITY/TOWN/TWP. OR ROAD DISTRICT NUMBER: **6a. CHICAGO** HOSPITAL OR OTHER INSTITUTION: **6b. SARRIS HEART** IF HOSP OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY): **6c. DOR**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. ILLINOIS** MARRIED, NEVER MARRIED, DIVORCED (SPECIFY): **8a. MARRIED** NAME OF SURVIVING SPOUSE (MIDWIFE NAME IF WIFE): **8b. FRANKIE E. PRICE** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **9. NO**

SOCIAL SECURITY NUMBER: **10. 30-40-4500-118** POSTAL BUREAU: **11. POST OFFICE** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. College (1 yr 3 yrs 4 yrs)**

RESIDENCE (STREET AND NUMBER): **13a. 533 N. SPRINGFIELD** CITY/TOWN/TWP. OR ROAD DISTRICT NO.: **13b. CHICAGO** INSIDEDITY (YES/NO): **13c. YES** COUNTY: **13d. COOK**

STATE: **14. ILL** ZIP CODE: **15. 60624** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): (SPECIFY) **16. WHITE** OF HISPANIC ORIGIN? (SPECIFY) (YES/NO): **17. YES**

FATHER - NAME: **18. PRICE** FIRST: **PRICE** MIDDLE: **SR** LAST: **M** MOTHER - NAME: **19. BOLEMAN** FIRST: **BOLEMAN** MIDDLE: **M** LAST: **M**

INFORMANT'S NAME (TYPE OR PRINT): **17a. FRANKIE PRICE** RELATIONSHIP: **17b. WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D. OR R.V.N. STATE, ZIP CODE, CITY/TOWN/TWP. OR ROAD DISTRICT NO.): **17c. 533 N. SPRINGFIELD CHICAGO ILLINOIS 60624**

18. PART I Enter the disease, or complications that 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.

Immediate Cause (Final disease or condition resulting in death): **(a) MYOCARDIAL INFARCTED**

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) HYPERTENSION**

CAUSE LAST: **(c) 3 YEARS**

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

DATE OF OPERATION, IF ANY: **20a. 20b.** MAJOR FINDINGS OF OPERATION: **20c.**

IF (YOU DID NOT) ATTEND THE DECEASED ANY LAST SAW HIM/HER ALIVE ON: **21. 10-28-00** WAS CORONER OR MEDICAL EXAMINER EMPLOYED? (YES/NO): **21b. YES** HOUR OF DEATH: **21c. 10:46 P.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **22. 10.31.00**

22a. SIGNATURE: **W. Price** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22b. 036048417**

22c. ILLINOIS LICENSE NUMBER: **22d. 036048417**

22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): **22f.**

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED

23. BURAL CREMATION, REMOVAL (SPECIFY): **24b. BURIAL** CEMETERY OR CREMATORY - NAME: **24c. OAK RIDGE** LOCATION: **24d. HILLSIDE ILL** CITY OR TOWN: **24e. HILLSIDE ILL** STATE: **24f. ILL** DATE: (MONTH DAY YEAR) **24g. NOV 4 2000**

25a. FUNERAL HOME: **25b. ENVIRES - PEOPLE'S SOLID W. CHICAGO** NAME: **25c. PEOPLE'S SOLID W. CHICAGO** CITY OR TOWN: **25d. CHICAGO** STATE: **25e. ILL** DATE: (MONTH DAY YEAR) **25f. NOV 02 2000**

25g. FUNERAL DIRECTOR'S SIGNATURE: **25h. [Signature]** FUNERAL DIRECTOR ILLINOIS LICENSE NUMBER: **25i. 031008888**

25j. LOCAL REGISTRAR'S SIGNATURE: **25k. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR): **25l. NOV 02 2000**

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Sheila L. RSM
LOCAL REGISTRAR

File Number: TM209751

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LEGAL DESCRIPTION

LOTS 38 AND 39 IN EDWARD MILLER AND OTHERS SUBDIVISION OF BLOCK 10 IN HARDING'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 11, TOWNSHIP 39 NORTH, RANGE 13, LYING EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 533 North Springfield Avenue

Chicago IL 60624

PIN/Tax Code:

16-11-120-006

Property of Cook County Clerk's Office

Subscribed and sworn to before me by the said

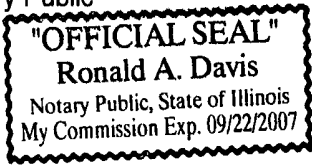
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FRANKIE PRICE

this 15th day of May, A.D. 2006.

Ronald A. Davis
Notary Public

Frankie Price
(affiant's signature)



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