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0616026199

Doc#: 0616026199 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/09/2006 04:08 PM Pg: 1 of 4

Space above this line for Recorder's use only

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DECEASED JOINT TENANT AFFIDAVIT

State of Illinois)
County of COOK) SS

Date: 05/30/2006

File # RI188481 B/0

LEONIE ALLEN, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

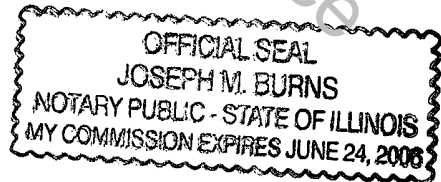
1. That he/she resides at: 9746 South Ingleside Ave
2. That he/she was acquainted with S. L. ALLEN who died on 8-24-93 as evidence by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 - leaving no will and last testament.
 - leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 6,000.00.

Leonie Allen
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this

30 day of May, 2006
Joseph M. Burns
NOTARY SIGNATURE

MAIL TO:
RESIDENTIAL TITLE SERVICES
1910 S. HIGHLAND AVE.
SUITE 202
LOMBARD, IL 60148



MAY 26, 2006

STATE OF ILLINOIS
County of Cook

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DAVID ORR, County Clerk

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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16710		STATE OF ILLINOIS		STATE FILE NUMBER 615965	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
1. DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)			
S.L. Allen		2. Male		3. August 24, 1993			
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY	
4. Cook		5a. 54		5b.		5c.	
CITY, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				DATE OF BIRTH (MONTH, DAY, YEAR)	
6a. Chicago		6b. EHS Trinity Hospital				5d. December 31, 1938	
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)	
7. Little Rock ARK.		8a. Married		8b. Lerinee Anderson		9. Yes	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 429-64-8428		11a. Pipe Fitter		11b. C. H. A.		12. 12 Elementary/Secondary (0-12) College (1-4 or 5+)	
RESIDENCE (STREET AND NUMBER)		CITY, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 9746 S. Ingleside		11b. Chicago		13c. Yes		13d. Cook	
STATE		ZIP CODE		RACE (WHITE, BLACK, HISPANIC, INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. Illinois		13f. 60628		14a. Black		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
15. Sylvester Lloyd Allen		16. Mae Ella Cunningham					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. Lerinee Allen		17b. Wife		17c. 9746 S. Ingleside Chgo. IL			
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
Immediate Cause (Final disease or condition resulting in death)		(a) Sudden Death					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (2) STATING THE UNDERLYING CAUSE LAST		(b) End stage cardiomyopathy					
		(c) Aortic regurgitation					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		WERE AUTOPSY REPORTS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
		19a. No		19b.			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19 (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a.		21b. Yes		21c. 10:46p. M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)			
		TUYEN TRAN, M.D.		22b. 8-25-93			
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22c. 036-099517		MICHAEL REESE		22d.			
22e. 2545 S. KING DR. CHICAGO, IL 60616				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
24a. Burial		24b. Oakland Memory		24c. Dolton Illinois		24d. 08-28-1993	
FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP					
25a. A.A. Rayner and Sons 318 E. 71st. Chicago, Illinois 60619		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. Madeline Brinson				25c. 031-009103			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. [Signature]		26b. AUG 26 1993					

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

DECEASED

B

D

E

PARENTS

1

2

3

CAUSE

4

5

H

P

CERTIFIED

21

24a

25a

25b

26a

26b

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EXHIBIT "A"

LOT 19 (EXCEPT THE SOUTH 10 FEET THEREOF) AND ALL OF LOT 20 IN BLOCK 6 IN COTTAGE GROVE HEIGHTS, BEING A SUBDIVISION OF PARTS OF THE NORTH 1/2 OF SECTION 10 AND SECTION 11, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PARCEL ID NUMBER: 25-11-111-021-0000

COMMONLY KNOWN AS: 9746 SOUTH INGLESIDE AVENUE
CHICAGO, IL 60628

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