



Doc#: 0619150167 Fee: \$54.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/10/2008 03:47 PM Pg: 1 of 4

CITY SUBURBAN TITLE
DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number: 0614667

County of Cook } SS.

Regina Polk-Smith

being duly sworn, states that he/she resides at,
That he/she was acquainted with Cynthia Evelyn Polk, deceased who, at the
time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on November 8, 2005, 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 _____.

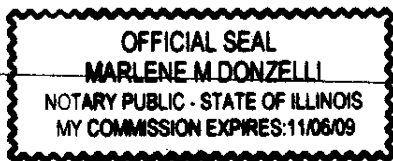
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$
Affiant makes this affidavit for that purpose of inducing City Suburban Title to issue its Title Insurance Policy, describing the above mentioned property.

Regina Polk-Smith
Affiant's Signature

SUBSCRIBED and SWORN to before me on

June 28, 2008

Marlene M Donzelli
Notary Public



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Q

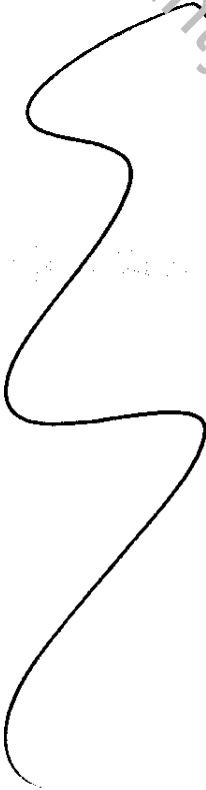
UNOFFICIAL COPY

Property of Cook County Clerk's Office

EXHIBIT A

THE SOUTH 20 FEET OF LOT 7 AND THE NORTH 10 FEET OF LOT 8 IN BLOCK 2 IN SUBDIVISION OF THE WEST 1/2 OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PERMANENT TAX NUMBER: 20-08-318-022-0000



UNOFFICIAL COPY

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **616054**

1. DECEASED-NAME: **CYNTHIA EVELYN POLK** SEX: **FEMALE** DATE OF DEATH: **NOVEMBER 8, 2005**

2. COUNTY OF DEATH: **CHICAGO** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **6b. 5416 SOUTH BISHOP AVENUE**

3. AGE-AT-DEATH: **63** BIRTHDAY (MOS. DAY, YEAR): **5d. JUNE 26, 1942**

4. SOCIAL SECURITY NUMBER: **10. 329-42-6005** USUAL OCCUPATION: **11a. PHLEBOTOMIST** KIND OF BUSINESS OR INDUSTRY: **11b. HOSPITAL** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 12 YEARS**

5. FATHER-NAME: **NATHANIEL WILLIAMS** MOTHER-NAME: **EVELYN COLEMAN**

6. IMMEDIATE CAUSE (FIND DISEASE OR CONDITION RESULTING IN DEATH): **18. PART I. 17a. REGINA POLK 17b. DAUGHTER 17c. 12623 S. CENTRAL PK. AUSTIN, TX 60803**

7. IMMEDIATE CAUSE (FIND DISEASE OR CONDITION RESULTING IN DEATH): **18. PART II. Enter the diagnosis, 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. (a) DUE TO OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF**

8. CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

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

10. DATE OF OPERATION, IF ANY: **20a.** MAJOR FINDINGS OF OPERATION: **20b. (1) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER/LIVE ON 3/13/05 (2) TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE ABOVE TO THE CAUSE(S) STATED.**

11. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **22a. Mary Anderson 1700 S. Van Buren St. Chicago, IL 60640**

12. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): **22b. Dr. [Signature]**

13. ILLINOIS LICENSE NUMBER: **22d. 036-093122**

14. DATE SIGNED: **21c. 11/14/05**

15. HOUR OF DEATH: **21a. 2:50 P. M.**

16. BIRTH, CREATION, REMOVAL (SPECIFY): **24a. MT. HOPE CEMETERY** LOCATION: **24c. CHICAGO, IL 60655** DATE: **24d. NOVEMBER 14, 2005**

17. FUNERAL HOME: **25a. JONES FUNERAL HOME, LLC 3240 W. 79TH STREET, CHICAGO, IL 60652-1948**

18. LOCAL REGISTRAR'S SIGNATURE: **25b. [Signature]** DATE: **25c. 034-015658**

19. LOCAL REGISTRAR'S SIGNATURE: **28a. [Signature]** DATE: **28b. NOV 16 2005**

NOV 16 2005

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, M.D.
LOCAL REGISTRAR

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER DECEASED NAME

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 603722

February 19 1986

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

1. LONNIE G. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT, THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

1. PREDECEASED PERSON OR DESCENT NAME (TYPE OR PRINT) SOLOMON

2. SEX Male DATE OF BIRTH (MO., DAY, YEAR) February 15 1986

3. COUNTY OF DEATH COOK

4. PLACE OF BIRTH (CITY, TOWN, OR VILLAGE) Chicago

5. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married

6. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF DIFFERENT) Cynthia Williams

7. USUAL OCCUPATION Fork Life Oper Dry Storage

8. RESIDENCE STREET AND NUMBER 5416 S. Bishop

9. CITY, TOWN, OR VILLAGE AND STATE Chicago Ill

10. FATHER - NAME Frank

11. MOTHER - MAIDEN NAME Batline

12. INFORMANT NAME (TYPE OR PRINT) Veronica McKewen

13. RELATIONSHIP Infd. Recs. 1753 W. Congress Pkwy Chgo. Ill

14. DEATH WAS CAUSED BY: (a) Possible Cerebrovascular Accident (b) Severe Hypertension (c) due to or as a consequence of (d) due to or as a consequence of

15. DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

16. I JOID JOID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON February 14 1986

17. SIGNATURE (TYPE OR PRINT) H. Cohen M.D.

18. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Dr. Herbert Cohen, 1753 W. Congress Pkwy Chg. Ill. 60612

19. BUREAU OF HEALTH (CITY, TOWN, OR VILLAGE) Chicago

20. CEMETERY OR CREMATORY - NAME Lincoln

21. LOCATION 24c. Worth

22. CITY OR TOWN Chicago

23. STATE DATE (MONTH, DAY, YEAR) Feb. 22 1986

24. ILLINOIS LICENSE NUMBER 017563

25. SIGNATURE (TYPE OR PRINT) [Signature]

26. A. R. LEAK 7838 S. Cottage Grove Chicago Ill

27. ILLINOIS LICENSE NUMBER 4390

28. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) Feb 4 1986

29. LOCAL REGISTRAR (TYPE OR PRINT) Lonnie G. Edwards M.D. M.P.A.

30. LOCAL REGISTRAR SIGNATURE [Signature]

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

LOCAL REGISTRAR [Signature]