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0621541186

Doc#: 0621541186 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 08/03/2008 02:51 PM Pg: 1 of 4

706-03461

PLEASE USE THIS PAGE FOR RECORDING PURPOSE ONLY

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

Property of Cook County Clerk's Office

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## TICOR TITLE INSURANCE COMPANY DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number:

County of Cook

SS.

TR06 - 03461

Pamela Woods

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

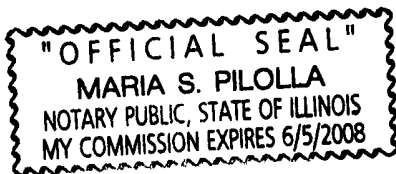
*(See Attached Legal Description Rider)*

That the deceased died on July 5, 1998 , 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 Ticor Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.



(SEAL) Pamela Woods

SUBSCRIBED and SWORN to before me on

[Signature]

Notary Public

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STATE OF ILLINOIS } es. DAVID D. ORR. County Clerk FEB 0 1 1999  
County of Cook,

I, DAVID D. 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 WHEREOF, 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 D. Orr  
County Clerk

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.10</b>		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>						<b>610984</b>	
1. DECEASED-NAME FIRST MIDDLE LAST <b>Willie Johnson</b>		SEX <b>2. Male</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>3. July 5, 1998</b>					
4. COUNTY OF DEATH <b>Cook</b>		AGE-LAST BIRTHDAY (YRS) MO. DAY MIN. <b>5a. 72</b>		UNDER 1 YEAR MO. DAY MIN. <b>5b.</b>		UNDER 1 DAY HOURS MIN. <b>5c.</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. July 7, 1925</b>	
6a. CITY (OR TWP. OR ROAD DISTRICT NUMBER) <b>Chicago</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. Bethany</b>						IF HOSP. OR INST. (INDICATE D.O. OR EMER. RM, INFANTIC) (SPECIFY) <b>6c. Inpatient</b>	
BIRTHPLACE (CITY AND STATE) OR FOREIGN COUNTRY <b>GREENSBORO, ALA</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. ELOIS JOHNSON Bell</b>				IF HOSP. OR INST. (INDICATE D.O. OR EMER. RM, INFANTIC) (SPECIFY) <b>9. YES</b>	
10. SOCIAL SECURITY NUMBER <b>420-36-1094</b>		USUAL OCCUPATION <b>11a. LABORER</b>		KIND OF BUSINESS OR INDUSTRY <b>11b. GENERAL</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (1-12) <b>12. 8</b> College (1-4 or 5+) <b>0</b>			
RESIDENCE (STREET AND NUMBER) <b>13a. 718 S Karlov</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. Chicago</b>		INSIDE CITY (YES/NO) <b>13c. Yes</b>		COUNTY <b>13d. Cook</b>			
STATE <b>13e. Illinois</b>		ZIP CODE <b>13f. 60624</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. Black</b>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) <b>14b. NO</b> YES SPECIFY <b>14c.</b>			
FATHER-NAME FIRST MIDDLE LAST <b>15. HARVEY JOHNSON</b>		MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST <b>16. CARRIE HARRIS</b>		INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Barbara J Parks</b>		RELATIONSHIP <b>17b. Records</b>		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 3435 W VanBuren, Chicago, IL 60624</b>	
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. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) <b>(a) Hypotension</b>		DUE TO, OR AS A CONSEQUENCE OF <b>(b) Pneumonia</b>		DUE TO, OR AS A CONSEQUENCE OF <b>(c) Chronic Renal Failure</b>		APPROPRIATE INTERVAL BETWEEN DEATH AND DEATH CERTIFICATE			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		DATE OF OPERATION, IF ANY <b>20a.</b>		MAJOR FINDINGS OF OPERATION <b>20b.</b>		AUTOPSY (YES/NO) <b>19a.</b>	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES</b> NO		IF (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>21a. 07-04-98</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED (YES/NO) <b>21b.</b>		HOUR OF DEATH <b>21c. 1:45 A.M.</b>			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE <b>N. ALI KHAN</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>N. ALI KHAN</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>07-06-98</b>		ILLINOIS LICENSE NUMBER <b>036-06-5774</b>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>3435 W VanBuren, Chicago, IL-60624</b>		23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. BURIAL</b>		CEMETERY OR CREMATORY-NAME <b>24b. FOREST HOME CEMETERY</b>		LOCATION CITY OR TOWN STATE <b>24c. FOREST PARK ILL.</b>		DATE (MONTH, DAY, YEAR) <b>24d. 7-09-98</b>	
25a. FUNERAL HOME <b>FOUNTAIN JORDAN SHEPARD F.H.</b>		25b. FUNERAL DIRECTOR'S SIGNATURE <b>Bernie ...</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>34-014387</b>		25c. LOCAL REGISTRAR'S SIGNATURE <b>Sheila Lane RSM</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>25d. JUL 9 1998</b>	

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Type to Print in PERMANENT Rbk See Form 1 Directors, Hospital, or Physicians Handout for INSTRUCTIONS  
A  
B  
C  
D  
E

CAUSE  
4  
5  
N  
P

CERTIFIER

DISPOSITION

# UNOFFICIAL COPY

LOT 1 IN TROUTMAN'S SUBDIVISION OF LOTS 12 AND 13 IN BLOCK 1 IN MUNSON'S ADDITION TO CHICAGO, A SUBDIVISION (EXCEPT THE NORTHEAST ONE ACRE) OF 26 ACRES LYING NEXT SOUTH AND ADJOINING THE CENTER OF THE BARRY POINT ROAD IN THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 15, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

C/K/A - 718 S. KARLOV AVE., CHGO, IL 60624

PIN - 16-15-411-029-0000

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