UNOFFICIAL COPY

<u>DECEASED</u> <u>JOINT TENANCY AFFIDAVIT</u>

STATE OF ILLINOIS) SS COUNTY OF COOK)

Doc#: 0623731048 Fac. 4

Doc#: 0623731048 Fee: \$26.50 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/25/2006 10:28 AM Pg: 1 of 2

Mail to:

John W. Pleta, P.C. 9400 Bormet Drive Suite 7

Mokena, Illinois 00448

DATE: August 15, 2000 DECEDENT: Wayne C. Kiddle

Billie G. Riddle, hereinafter referred to as the affiant deposes and states that the decedent resided at 1630 Linden Road, Homewood, Winois 60430;

That the decedent at the time of his death was one of the owners of the property in Cook County, Illinois, legally described as follows:

Lot 40 in Gladville's Subdivision of that part of the North East 1/4 of the South East 1/4 of Section 31, Township 36 North, Range 14 East of the Third Principal Meridian, lying North of Main Street (except the East 312 feet of the V/e^ct 342 feet of the South 360 feet of said tract) in Cook County, Illinois.

Commonly known as: 1630 Linden Road, Homewood, Illinois 60430

That said decedent died on December 23, 2005, (as evidenced by a certified copy of the death certificate of the deceased attached hereto) leaving a Last Will and Testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate is \$500.00;

That the Illinois Inheritance Tax and Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That if the decedent had a will it was not a joint or mutual will; nor was the survivor of the joint tenant allowed under said will to elect to take any property in lieu of the joint tenancy property.

Signature: Billie G. Riddle. Affiant

SUBSCRIBED AND SWORN TO before me this ______ day of

Notativ Public Notativ Public Notativ Public Notativ Public Notative JOHN W PLETA

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County of Cook)

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.

			•	COUNTY	COUNTY OF FRK	
Decedent's Birth No.	INEGISTRATION	.01	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER	MEDICAL	CERTIFICATE	OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, iospital, or Physicians Handbook for INSTRUCTIONS	1. Wayne COUNTY OF DEACH 4. COOK CITY, TOWN, TWP, OF THE PLANE	AGE-LAST BIRTHDAY (* 5a. 89	5b. 5c.	2.Male 3.De	15 15 1	
ADECEASED	6a. Homewood BIRTHPLACE (CITY AND STATE FOREIGN COUNTRY)	6b. Ma	nother institution - name (IF NOT) not Care N. H. NAME OF SURVIVING SPOU	NEITHER, GIVE STREET AND NUM SE (MAIDEN NAME, IF WIFE)	BER) IF HOSP, OR INST, INDICATE DO A OPIEMER, RM, INPATIENT (SPECIFY) 6C. Inpatient WAS DECEASED EVER INJURY	
B C	SOCIAL SECURITY NUMBER 10. 323-14-5634 RESIDENCE (STREET AND NUMBER)	USUAL COUPATION 11a.Colman	8b. Billie KINDOF BUSINESSOR IND. 11b. Railroad CITY, TOWN, TWP, OR ROAD DISTE	Elementary/Secondary		
E	13e Illinois	n Rd. ZIPCODE RACE (1941'. "14 131. 60430 RACE (1941'. "14 INDIAN, etc.) (5' ECIF 14a. While	IGB. Homewood OFHISPANICO 14b. NO	IYESNOL 13c Y	es _{13d.} Cook (es, specify curan, mexican, puerto rican, eic	
PARENTS	15. John C. INFORMANT'S NAME (TYPEOR) 17a. Mrs. Billie	· · · · · · · · · · · · · · · · · · ·	16. E	FIRST MIDDLE		
3	18. PARTI. En	nter the diseases, or complications that causock, or heart failure. List only one cause the control of the cont	sed the death. Do not entry \$ -mode of on each line.	30 LInden Rd. dying. such as cardiac or respira	Homewood III 60430 approximate interval efficient modelatin	
- CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.	(b) Correine DUE TO, ORAS A CONSEQUENCE OF (c) Demonstration	oma Prost	er e		
5		contributing to death but not resulting in the underlyi	ing cause given in PART (AUTOP (YFS.)	COMPLETION OF CAUSE OF DEATHT (YESNO)	
Р	DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATIO	N	J.	CMALE, WAS THERE A PREGNANCY IN PAST HP'LEMONTHS?	
	NO DISPUSSION OF A TEND THE DI AND LAST SAW HIM HER ALIVE (21a. TO THE BEST OF MY KNOWLEDO	ECC ACED	D	AS CORONER OR MEDICAL (AMINER NOTIFIED? (YESNO) (b. No	HOUROFDEATH 21c. DATE SIGNED (MONTH DAY YEAR)	
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CERTIF	TER (TYPEORPRINT) Manattn. O	30 E. (5/h) (1/11/290/4/3)	1260411	DATE SIGNED (MONTH, DAY, YEAR) 22b. Dec. 27, 2005 ILLINOIS LICENSE NUMBER 22d. 936-069553 MOTE: IF AN INJURY WAS INVOLVED IN THIS	
2 F	"E" O' TOE (OF ECHT!)	CEMETERY OR CREMATORY-NAME 246, Regional Crematic		YORTOWN STATE Indiana	DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. DATE (MONTH, DAY, YEAR) 24d. Dec. 28, 2005	
,	5b	HOme, Inc. 18230			STATE ZIP DIS 60430 ISILLINOISLICENSE NUMBER	
2	6a. 1200 (Rev. 5:89)	d Shr	lic Health –Division of Vital Records	DATE FILED BY LOCA 26b. DFC	L REGISTRAR (MONTH, DAY, YEAR) 2 8 2005 (BASED ON 1997U S. STANDARD CERTIFICATO)	