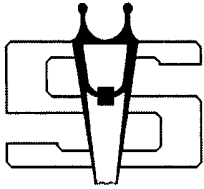


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0625740081 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/14/2008 11:12 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF)

SS.

STCI File Number: 494403

being duly sworn states that Gloria Ruby resides at 6029 Artesian in the City of Chicago IL 60629.

That she was acquainted with CHde J Ruby deceased who, at the time of death, was one of the sworn of the land in _____ County, Illinois, describes as:

That the deceased died _____, 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 \$ 10.00 dollars.

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

Subscribed and sworn to before me by the said

"OFFICIAL SEAL"
DIANE MARIE ACTÓN
Notary Public, State of Illinois
My Commission Expires 03/25/2007

this 24th day of August, A.D. 2008.

Diane Marie Acton
Notary Public

Gloria Ruby
(Affiant's Signature)

DEPARTMENT OF HEALTH CITY OF CHICAGO

UNOFFICIAL COPY

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

April 17, 1989

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LORNAE C. 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.

607235

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER

DECEASED-NAME FIRST CLYDE	MIDDLE J.	LAST DOBY	SEX MALE	DATE OF DEATH 3 APRIL 11, 1989
COUNTY OF DEATH 4 COOK	AGE-LAST BIRTHDAY (YRS) 5a 43	UNDER 1 DAY HOURS 5c	DATE OF BIRTH (MONTH, DAY, YEAR) 5d MARCH 12, 1946	
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER 6a CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b V. A. WESTSIDE MEDICAL CENTER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c WESTSIDE MEDICAL CENTER	IF DECEASED DEPENDENT ON ANOTHER PERSON, NAME AND RELATIONSHIP 6d WIFE	DATE OF DEATH (MONTH, DAY, YEAR) 3 APRIL 11, 1989
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 CHICAGO, IL.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a MARRIED	NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE) 8b GLORIA KEYS	WAS DECEASED EVER IN U.S. ARMY OR NAVY? 9 NO	
SOCIAL SECURITY NUMBER 10 349 36 1155	USUAL OCCUPATION 11a CLERK	KIND OF BUSINESS OR INDUSTRY 11b GOVERNMENT	EDUCATION (SPECIFY ONLY IF MOST GRADE COMPLETED) 12 Collegiate (4 or 5 yrs.) 1 1/2 yrs.	
RESIDENCE (STREET AND NUMBER) 13a 6029 S. ARIESTAN	CITY, TOWN, OR ROAD DISTRICT NO. 13b CHICAGO	INSIDE CITY (YES/NO) 13c YES	COUNTY 13d COOK	
STATE 13e ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN or ISPECIFY) 14b BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14c NO		
FATHER-NAME 15a WILLIAM DOBY	MOTHER-NAME 15b RUBY	MIDDLE 15c MEYERS	LAST 15d MEYERS	
RELATIONSHIP 16 HOSPITAL	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c P. O. BOX 8195, CHGO, IL. 60680			
17a WANDA SCOTT	17b DETAILS			
18 PART I. (For use by medical examiners only. Do not enter unless death caused by pneumonia, stroke, or heart failure. Let only one cause be checked.)				
Immediate Cause (Final disease or condition resulting in death) (a) PNEUMONIA - PROBABLE PNEUMOCOCCUS CARINII DUE TO OR AS A CONSEQUENCE OF (b) ACQUIRED IMMUNE DEFICIENCY DUE TO OR AS A CONSEQUENCE OF (c) PROGRESSIVE POLYNEUROPATHY, NEUROSYPHILIS				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST				
DATE OF OPERATION, IF ANY 20b APRIL 11, 1989				
MAJOR FINDINGS OF OPERATION (TYPE OR PRINT) Mike Mowbray M.D.				
(10) DID (1) OR (2) ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON APRIL 11, 1989 (1) YES (2) NO (1) YES (2) NO				
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED 4/13/89				
22a. SIGNATURE OF CERTIFIER NAME AND ADDRESS OF CERTIFIER DR. NIKE MOURIKAS M. D. 820 S. WILSON, CHGO, IL. 60680				
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DR. NIKE MOURIKAS M. D. 820 S. WILSON, CHGO, IL. 60680				
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) DR. NIKE MOURIKAS M. D. 820 S. WILSON, CHGO, IL. 60680				
24a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 24b. Restvale Crematory 24c. Wherh 24d. Wherh				
25a. NAME AND ADDRESS OF FUNERAL HOME 25b. Signature of Funeral Director 25c. Funeral Director's License Number 25d. Date of Death (Month, Day, Year) 25e. Date of Registration (Month, Day, Year) APR 15 1989				
26a. Signature of Registrar 26b. Date of Signature APR 15 1989				

Print in Blue Ink / Directors, Physicians, etc. for STOWNS

BASED 268

202

91

ENTS

620 B

6 A A

USE

36

4

IFIER

SITION

Illinois Department of Public Health - Office of Vital Records

VR2000 (Rev 1 89)

UNOFFICIAL COPY

SCHEDULE A
ALTA Commitment
File No.: 494403

LEGAL DESCRIPTION

Lot 35 in Block in Cobe and McKinnon's 50th Street and Western Avenue Subdivision of the Southeast 1/4 of the Northeast 1/4 and the Northeast 1/4 of the Southeast 1/4 of Section 23, Township 33 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

Property of Cook County Clerk's Office



Authorized Signature

STEWART TITLE COMPANY