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Doc#: 0626102012 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/18/2008 07:44 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

File Number 1700-5600

STATE OF ILLINOIS)
COUNTY OF Cook)SS

VERA P. Fenton, hereinafter referred to as the affiant, states under oath that the affiant resides at 11117 S. SARGAMON ST. in the City of CHICAGO, Illinois; that the affiant was acquainted with Willie G. Fenton, the decedent; that at the time of death, the decedent was one of the owners of the land in COOK County, Illinois, and legally described as follows:

That the decedent died on 03-22-2003, as evidenced by a certified copy of the death certificate attached hereto;

That the decedent died:
 Leaving no Last Will and Testament;
 Leaving a Last Will and 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 and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on or about _____.

TEK TITLE L.L.C.
2720 S. RIVER ROAD, SUITE
DES PLAINES, IL 60018

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 decedent's death, does not exceed the sum of \$10.00 dollars.

That the affiant makes this Affidavit to induce Lawyers Title Insurance Corporation to issue its Title Insurance Policy on the above described property.

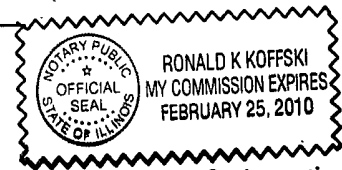
The affiant hereby covenants and agrees, for himself/herself/themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Lawyers Title Insurance Corporation harmless and to reimburse the Corporation for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature with which the Corporation may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the Estate of Willie G. Fenton, the decedent;
2. Illinois State Inheritance Tax and Federal Tax which may be charged against the Estate of the decedent;
3. Legacies, if any, created by the Will of said decedent;
4. Rights to contribution.

Vera P. Fenton (Seal) _____ (Seal)

SUBSCRIBED and SWORN to before me this 07 day of Sept-09

Ronald K. Koffski
NOTARY PUBLIC



NOTE: If the decedent left a will, it will be necessary that the original or a certified copy thereof be presented to us for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

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LOT ONE HUNDRED FIFTY THREE (153) IN SHELDON HEIGHTS NORTHWEST THIRD ADDITION, A SUBDIVISION OF THE WEST FIVE EIGHTHS OF THE EAST HALF OF THE SOUTH EAST QUARTER OF SECTION SEVENTEEN (17) (EXCEPT THE SOUTH ONE HUNDRED SEVENTY FOUR (174) FEET THEREOF) IN TOWNSHIP THIRTY SEVEN (37) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

25-17-429-020-0000

Property of Cook County Clerk's Office

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REGISTRATION DISTRICT NO. **16.10**

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **604488**

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

032603

I, 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 FOR THE CITY OF CHICAGO 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.

DECEASED NAME: **WILLIE G. FENTON** SEX: **MALE** DATE OF BIRTH: **3 MAR 26, 1943**

COUNTY OF DEATH: **COOK** CITY/TOWN/TWP OR ROAD/DISTRICT NUMBER: **CHICAGO**

AGE LAST BIRTHDAY (YRS): **59** MONTHS: **03** DAYS: **26** DATE OF DEATH: **27 MAR 2003**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7 COLUMBUS MS.**

SOCIAL SECURITY NUMBER: **341-36-9038**

RESIDENCE (STREET AND NUMBER): **13411017 S. SANGAMON**

STATE: **ILLINOIS** ZIP CODE: **60643** RACE (WHITE, BLACK, AMERICAN INDIAN OR SPECIFY): **BLACK**

FATHER-NAME: **GEROGE FENTON** MOTHER-NAME: **IRMA COOK**

RELATIONSHIP: **WIFE** MAILING ADDRESS (STREET AND CITY/TOWN/TWP OR ROAD/DISTRICT NO. STATE ZIP): **176 11017 S. SANGAMON CHICAGO, IL 60643**

IMMEDIATE CAUSE (FIRST DISEASE OR CONDITION): **Heart Myocardial Infarction**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATED IN THE UNDERLYING CAUSE LAST: **Coronary Artery Disease**

DATE OF OPERATION, IF ANY: **11/27/02** MAJOR FINDINGS OF OPERATION: **Normal**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? **YES**

DATE OF DEATH: **27 MAR 2003** HOUR OF DEATH: **12:30 P**

DATE SIGNED: **5/25/03**

ILLINOIS IDENTIFICATION NUMBER: **036-036325**

NAME AND ADDRESS OF CERTIFIER: **John J. Harbison Jr.**

NAME OF ATTENDING PHYSICIAN, IF OTHER THAN THE CERTIFIER: **John J. Harbison Jr.**

BURIAL CEMETERY: **244 MT. HOPE CEMETERY** LOCATION: **CHICAGO, IL**

FUNERAL HOME: **CATLINGS CHAPEL INC 10133 S. HALSTED ST CHICAGO, IL 60628**

DATE FILED: **032603**

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO