

# UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0627247147 Fee: \$26.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/29/2006 12:30 PM Pg: 1 of 2

State of Illinois )  
County of Cook ) ss.

Order No. \_\_\_\_\_

Barbara J. Ward-White being duly sworn states that she resides at 1901 East 169<sup>th</sup> Street in the City of South Holland, Illinois 60473. That she was married to the deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 1 IN VANDERBILT'S SUBDIVISION OF THE EAST ½ OF THE WEST ½ OF THE SOUTH 283.00 FEET OF LOT 1 IN THE SUBDIVISION OF THE SOUTHWEST ¼ OF SECTION 24, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, (EXCEPTING THEREFROM THE SOUTH 50 FEET THEREOF). ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS ON AUGUST 17, 1989, AS DOCUMENT LR3818091, IN COOK COUNTY, ILLINOIS


PIN # 29-24-303-009

That the deceased died January 10, 2002, as evidenced by a certified copy of death certificate of the deceased attached hereto.

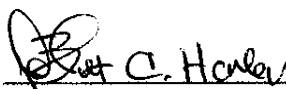
That the deceased died leaving no Last Will & Testament.

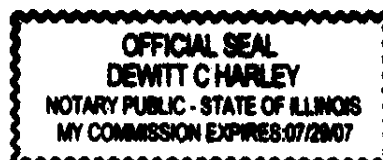
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$50,000.00 dollars.

Affiant makes this affidavit for that purpose of changing the ownership from joint tenancy to fee simple of the property described and mentioned above.

  
(Affiant's Signature)

Subscribed and Sworn to before me by the said this 21<sup>st</sup> day of September, 2006, A.D.

  
(Notary Public)



STATE OF ILLINOIS)  
County of Cook)**UNOFFICIAL COPY**

DAVID ORR, County Clerk

APR 08 2003

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.

*David Orr*  
COUNTY CLERK

I NO.		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTRATION DISTRICT NO. 16.0		<b>MEDICAL CERTIFICATE OF DEATH</b>				REGISTERED NUMBER	
DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)							
1. Willie White, Jr. 2. Male 3. January 10, 2002		COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS) 5a. 59		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. November 11, 1942	
4. Cook		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Oak Lawn		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Christ Hospital		IF HOSP. OR INST. INDICATE D.O.A. OF/EMER. RM. INPATIENT (SPECIFY) 6c. D.O.A.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Scooba, MS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Barbara Curry		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No	
SOCIAL SECURITY NUMBER 10. 319-36-2211		USUAL OCCUPATION 11a. Truck Driver		KIND OF BUSINESS OR INDUSTRY 11b. US Government		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12th	
RESIDENCE (STREET AND NUMBER) 13a. 1901 East 169th Place		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. South Holland		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook	
STATE 13e. Illinois		ZIP CODE 13f. 60473		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black American		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER-NAME FIRST MIDDLE LAST 15. Willie White, Sr.		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Mary Jones		INFORMANT'S NAME (TYPE OR PRINT) 17a. Barbara J. White		RELATIONSHIP 17b. Wife	
				MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 1901 East 169th Place So. Holland, ILL 60473			
18. PART I. Enter the diseases, 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.						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) (a) <b>CARDIOMYOPATHY</b>						6 MONTHS	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF							
(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>DIABETES, HYPERTENSION, ANOXIC ENCEPHALOPATHY</b>		AUTOPSY (YES/NO) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
(I) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 1-9-02		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes		HOUR OF DEATH 21c. 11:57 A.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE <b>EVAN A. McLeod, MD</b>		DATE SIGNED (MONTH, DAY, YEAR) 22b. January 14, 2002			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. EVAN McLeod 2800 W. 95th Street Evergreen Park, IL				ILLINOIS LICENSE NUMBER 22d. 036-059437			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Burr Oak Cemetery		LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) 24c. Alsip Illinois 24d. 01-19-2002	
FUNERAL HOME 25a. W. W. Holt Funeral Home		NAME STREET AND NUMBER OR R.F.D. 175 W. 159th St.		CITY OR TOWN STATE ZIP 25b. Harvey Illinois 60426		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 10992	
FUNERAL DIRECTOR'S SIGNATURE <i>W. W. Holt</i>				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. January 15, 2002			
LOCAL REGISTRAR'S SIGNATURE 26a. REGISTRAR <i>Karen L. Scott, M.D.</i>							