



CHICAGO TITLE INSURANCE COMPANY

P.O. BOX 827, WHEATON, IL 60189-0827

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} *Memo to / Prepared by*
} *Liberty Bank for Savings* Order No.:
} ss. *7111 W. Foster Ave*

025058406

Chicago, IL 60656

LAVERNE HENDERSON

being duly sworn states that SHE resides at 2726 W NELSON ST
in the City of CHICAGO

That SHE was acquainted with HARRY M HENDERSON deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

LOT 13 IN THE SUBDIVISION OF THE NORTH 1/2 OF LOT 3 AND THE NORTH 45/100 ACRES
OF THE SOUTH 1/2 OF LOT 3 IN THE SUBDIVISION OF THE WEST 1/2 OF THE NORTHEAST
1/4 OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL
MERIDIAN IN COOK COUNTY, ILLINOIS

P.I.N. 13-25-208-022-0000

Address 2726 W Nelson St
Chicago, IL 60618



Doc#: 0627208095 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/29/2006 08:26 AM Pg: 1 of 2

That the deceased died MARCH 18, 2005, 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 _____ dollars.

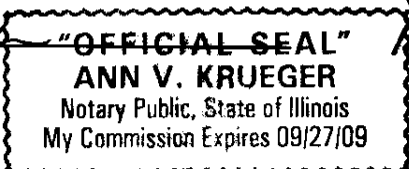
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

LAVERNE HENDERSON

this 18TH day of SEPTEMBER, A.D. ~~200~~ 2006

Ann V. Krueger
Notary Public



Laverne C Henderson
(Affiant's Signature)

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

MAR 23 2005

J. 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 OF BIRTHS, STILLBIRTHS 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.

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER

DECEASED-NAME **HARRY HENDERSON** FIRST MIDDLE LAST
 SEX **Male** DATE OF BIRTH (MONTH, DAY, YEAR) **3 March 18, 2005**

COUNTY OF DEATH **COOK** CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**
 AGE-LAST BIRTHDAY (YRS) **75** UNDER 1 YEAR **0** UNDER 1 DAY **0** DATE OF BIRTH (MONTH, DAY, YEAR) **SEPTEMBER 22, 1929**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO** MARIED, NEVER MARIED, WIDOWED, DIVORCED (SPECIFY) **Advocate Illinois Masonic Inpatient**

SOCIAL SECURITY NUMBER **319-24-0717** USUAL OCCUPATION **CARPENTER** NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE) **Laverne Sterbenz**

RESIDENCE (STREET AND NUMBER) **2627 W. NELSON** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **YES** COUNTY **COOK**

STATE **ILLINOIS** ZIP CODE **60618** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **WHITE** OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PORTORICAN, etc.)

FATHER-NAME FIRST MIDDLE LAST **HARRY HENDERSON** MOTHER-NAME FIRST MIDDLE LAST **LAURA ALLEN**

DEFORMANT'S NAME (TYPE OR PRINT) **Judith E. Matthews** RELATIONSHIP **HEALTH INFO. 17b MSNT** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **836 W. Wellington Chicago IL 60657**

Immediate Cause (Final disease or condition resulting in death) **Aspiration Pneumonia**
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac, resp. aid, arrest, shock, or heart failure. List only one cause or sequence of causes.

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Aspiration Pneumonia**
 IMMEDIATE CAUSE (a) **Aspiration Pneumonia**
 STATING THE UNDERLYING CAUSE LAST. (b) **ALS Amyotrophic Lateral Sclerosis**
 DUE TO, OR AS A CONSEQUENCE OF (c) **3 years**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 Previous **CMA** MAJOR FINDINGS OF OPERATION

DATE OF OPERATION, IF ANY **20b** DID NOT ATTEND THE DECEASED (MONTH, DAY, YEAR) **3/17/2005** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**

NAME AND ADDRESS OF CERTIFIER **Emma Lou Cannon, MD** HOURS OF DEATH **12:07 A.M.**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Laura Cannon, MD, Chicago, IL 60657** DATE SIGNED (MONTH, DAY, YEAR) **3/18/2005**

BURIAL, CREMATION, REMOVAL (SPECIFY) **BURIAL** CEMETERY OR CREMATORY-NAME **ELMWOOD** LOCATION CITY OR TOWN STATE **24c RIVER GROVE, IL**

FUNERAL HOME **PIETRYKA - DENICOLA** STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP **5734 W. DIVERSEY AVE., CHICAGO, IL 60639**

FUNERAL DIRECTOR'S SIGNATURE **ROBERT J. PIETRYKA** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015413**

LOCAL REGISTRAR'S SIGNATURE **John A. Wilhelm, M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 23 2005**

26a. **Illinois Department of Public Health - Division of Vital Records**



John A. Wilhelm, M.D.
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.