



HC06-08191

Doc#: 0631726151 Fee: \$30.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/13/2006 12:19 PM Pg: 1 of 4

State Of Illinois }
County of Cook }

DECEASED JOINT TENANCY AFFIDAVIT

TRISTAR TITLE, L.L.C.
1919 S. HIGHLAND AVE.
BLDG. B STE. 330
LOMBARD, IL 60148

I, Denice R Payne hereinafter referred to as the affiant, states under oath that the affiant resides at 1153 Menard Ave Chicago in the {City/Town/Village} Chicago of Cook, Illinois; that the affiant was acquainted with ~~Richard~~ Richard Casin Jr. the decedent; that at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy warranty deed, said property, located in Cook County, Illinois and legally described as follows:

Permanent Index Number: 16172030220000

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on 10/3/04 leaving { } no { } a last will and testament;

That the total value of the decedent's estate, including the taxable interest in the above property was \$ _____, and that the value of the above property individually was \$ _____.

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

That the affiant makes this affidavit to induce Tristar Title, LLC to issue its policy of title insurance on the above described property.

The affiant hereby covenants & agrees, for self, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend & hold Tristar Title, LLC harmless & to reimburse Tristar Title, LLC for all loss, costs, damages, suits attorney's fees & expenses of every kind & nature which Tristar Title, LLC may suffer, expand or incur by reason of the issuance of said policy fee & clear of the following objections:

1. Claims against the estate of Richard Casin Jr, the decedent;
2. Illinois State Inheritance Tax & Federal Estate Tax which may be charged against decedent's estate;
3. Legacies, if any, created by the will of said decedent; and
4. Rights to contribution.

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James R. Payne {Seal} _____ {Seal}

Subscribed and Sworn to me before this
24 day of Oct, 2006.

Notary Public

Tistar Title, LLC
1301 W. 22nd Street; Ste 505
Phone: 630-954-4000
Fax: 630-954-0004



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OAK PARK, ILLINOIS

OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO	1624
REGISTERED NUMBER	505

DECEASED-NAME FIRST MIDDLE LAST	RICHARD CASIN JR.	SEX	MALE	DATE OF DEATH (MONTH, DAY, YEAR)	3 OCTOBER 3 2004
COUNTY OF DEATH	COOK	AGE - LAST BIRTHDAY (YRS)	53 56	DATE OF BIRTH (MONTH, DAY, YEAR)	50 OCTOBER 11 1947
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER	6a OAK PARK	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)	6b WEST SUBURBAN HOSPITAL	IF MOST OR MOST INDICATED OR A OPERATOR RM. INPATIENT (SPECIFY)	6c DOA
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	7 HOLLANDALE MS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	8a DIVORCED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	8b
SOCIAL SECURITY NUMBER	10 587 01 4841	USUAL OCCUPATION	11a MACHINE OPERATOR	KIND OF BUSINESS OR INDUSTRY	11b COCA COLA
RESIDENCE (STREET AND NUMBER)	13a 148 N MAYFIELD	CITY, TOWN, TWP. OR ROAD DISTRICT NO	13c CHICAGO	INSIDE CITY (YES/NO)	13d YES
STATE	ILLINOIS	ZIP CODE	131 60644	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)	14a BLACK
FATHER-NAME FIRST MIDDLE LAST	15 RICHARD CASIN SR.	MOTHER-NAME FIRST MIDDLE LAST	16 ERNESTINE TILLMAN	DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	9 NO

INFORMANT'S NAME (TYPE OR PRINT)	17a WILLIEAN JACKSON	RELATIONSHIP	17b SISTER	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN, STATE ZIP)	17c 1233 N SPRINGFIELD, IL. 60651
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PART I Enter the diseases, injuries, 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.

Immediate Cause (Final disease or condition resulting in death) → (b) HYPERTENSIVE CARDIOVASCULAR DISEASE DUE TO OR AS A CONSEQUENCE OF

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

(c) DUE TO OR AS A CONSEQUENCE OF

PART II State any conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)	20a NATURAL	DATE OF INJURY (MONTH, DAY, YEAR)	20b	HOUR	20c M	MODE OF INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 1b)	20d
INJURY AT WORK (YES/NO)	20e	PLACE OF INJURY (AT HOME, PARK, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	20f	LOCATION (CITY, VIL, OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE)	20g	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	20h YES <input type="checkbox"/> NO <input type="checkbox"/>

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

THE DECEDENT WAS PRONOUNCED DEAD ON 3 OCTOBER 2004 AT 12:43 P.M.

CORONER'S SIGNATURE	21a <i>G.R. Donoghue, M.D.</i>	DATE SIGNED (MONTH, DAY, YEAR)	21b OCTOBER 4 2004
CORONER'S PHYSICIAN'S NAME (TYPE OF PRINT)	22a MICHEL JOSEPH HUMILIER, M.D.	DATE SIGNED (MONTH, DAY, YEAR)	22b

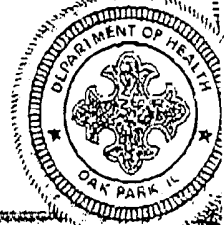
BURIAL, CREMATION, REMOVAL (SPECIFY)	23a BURIAL	CEMETERY OR CREMATORY - NAME	24a FOREST HOME CEMETERY	LOCATION CITY OR TOWN STATE	24c FOREST PARK ILLINOIS	DATE (MONTH, DAY, YEAR)	24d 10/9/04
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FUNERAL HOME	25a U SERVICES, INC	NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP	3425 W. CHICAGO AVENUE CHICAGO, ILLINOIS 60651
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FUNERAL DIRECTOR'S SIGNATURE	25b <i>Isadore James</i>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25c 9712
LOCAL REGISTRAR'S SIGNATURE	26a <i>Georgina Polyzak, PhD</i>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	26b Oct 7, 2004

VR202 (Rev. 5/89) This is to certify that the information on this certificate is a true and correct copy of the original record filed with the Illinois Department of Public Health (BASED ON 1980 U.S. STANDARD CERTIFICATE)

Georgina Polyzak, PhD
LOCAL REGISTRAR



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LOT 28 THE 1/2 OF LOT 29 IN BLOCK 3, IN AUSTIN HEIGHTS, BEING A SUBDIVISION OF BLOCKS 1, 2, 3 AND 4 IN A. J. KINSELY'S ADDITION TO CHICAGO, SAID ADDITION BEING A SUBDIVISION OF THAT PART LYING NORTH OF THE SOUTH 108 ACRES OF THE NORTHEAST QUARTER OF SECTION 17, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

CKA: 115 S. MENARD AVE., CHICAGO, IL 60644
PIN: 16-17-203-022-0000

Property of Cook County Clerk's Office