



Doc#: 0632606037 Fee: \$46.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/22/2006 12:16 PM Pg: 1 of 2



Chicago Title Insurance

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF Cook

ss.

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

Priscilla Murff being duly sworn

states that she resides at 11825 South Oakley, Chicago, Illinois 60643 in the City of Chicago

That she was acquainted with Wazelle Murff

deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Permanet Real Estate Index Number(s): 24-24-403-007 and 24-24-403-008  
Address(es) of Real Estate: 2509 West 115th Street, Chicago, Illinois 60655

Legal Description: Lots 3 and 4 in Block 2 in Harold J. McElhiny's First Addition to Southtown, a subdivision of part of the south 1/2 of Section 24, Township 37 North, Range 13, East of the Third Principal Meridian, lying East of the Baltimore and Ohio Chicago Terminal Transfer Company, in Cook County, Illinois.

That the deceased died March 10, 2006, 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 Cook County, Illinois about \_\_\_\_\_

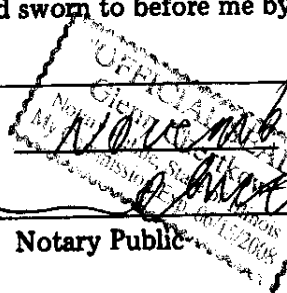
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$150,000.00 dollars.

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

Subscribed and sworn to before me by the said

this 20th day of November, A.D. 2006

[Signature]  
Notary Public



[Signature]  
(affiant's signature)

UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

603620

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

MAR 14 2006

DECEASED-NAME: **WAZELLE MURFF** LAST MIDDLE FIRST

1. COUNTY OF DEATH: **CHICAGO** DATE OF DEATH (MONTH, DAY, YEAR): **MARCH 10, 2006**

2. SEX: **MALE**

3. DATE OF BIRTH (MONTH, DAY, YEAR): **MARCH 10, 2006**

4. COOK HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **BELHAVEN NURSING CENTER**

5a. AGE - LAST BIRTHDAY (YRS) MOS. DAYS HOURS MIN. **74 50 11 50**

5b. DATE OF BIRTH (MONTH, DAY, YEAR): **MARCH 10, 2006**

5c. HOURS OR INST. INDICATE D.O.A. OR P/EMER. RM. INPATIENT (SPECIFY): **INPATIENT**

6a. CHICAGO

6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **BELHAVEN NURSING CENTER**

6c. **INPATIENT**

7. MEMPHIS, TN

7a. MARRIED

7b. PRISCILLA WIDEMAN

7c. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **9. YES**

8. KIND OF BUSINESS OR INDUSTRY: **SCHOOL TEACHER**

8a. MARRIED

8b. PRISCILLA WIDEMAN

8c. INPATIENT

9. SOCIAL SECURITY NUMBER: **329 26 7902**

10. RESIDENCE (STREET AND NUMBER): **11825 SOUTH OAKLEY**

10a. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO**

10b. INSIDE CITY (YES/NO): **12. YES**

10c. COUNTY: **COOK**

10d. ZIP CODE: **60643**

10e. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): **BLACK**

10f. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **13c. YES**

10g. MOTHER - NAME FIRST MIDDLE LAST: **RICHARD MURFF**

10h. MOTHER - NAME FIRST MIDDLE LAST (MOTHER): **GAZELLE**

10i. RELATIONSHIP: **WIFE**

10j. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 11825 SOUTH OAKLEY, CHICAGO, IL**

10k. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **accident**

18. PART I. Enter the disease, 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.

(a) **Cerebrovascular accident**

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

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

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

20a. DATE OF OPERATION, IF ANY: **20b. MAJOR FINDINGS OF OPERATION**

20c. AUTORSY (YES/NO): **19a. NO**

20d. WERE AUTORSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): **19b. NO**

20e. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES** **20d. NO**

21a. (1) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **21b. NO**

21c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO**

21d. HOUR OF DEATH: **12:45 P.M.**

21e. DATE SIGNED (MONTH, DAY, YEAR): **3/14/06**

22a. SIGNATURE: **Sleep**

22b. ILLINOIS LICENSE NUMBER: **22c. 036-086600**

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **DR SATWANT S. KANGRA, 3830 WEST 55TH ST., OAK LAWN, IL**

22d. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT):

23. BUREAU OF VITAL RECORDS

23a. CEMETERY OR CREMATORY - NAME: **RESTVALE CEMETERY**

23b. STREET AND NUMBER OR R.F.D.: **24c. AUSTIN, ILLINOIS**

23c. CITY OR TOWN: **CHICAGO, ILLINOIS**

23d. STATE: **ILLINOIS**

23e. DATE (MONTH, DAY, YEAR): **3/18/06**

23f. ZIP: **60619**

24a. JAMES FUNERAL SERVICE, 8138 S COTTAGE GROVE AVE

24b. FUNERAL DIRECTOR'S SIGNATURE: **James James**

24c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 9712**

24d. LOCAL REGISTRAR'S SIGNATURE: **James James**

24e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAR 14 2006**

24f. LOCAL REGISTRAR'S SIGNATURE: **James James**

24g. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **MAR 14 2006**



LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.