UNOFFICIAL COPY



Doc#: 0634039057 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 12/08/2006 11:35 AM Pg: 1 of 3

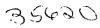
COOK COUNTY RECORDING

Ox DEED	
· C	
MORTGAGE	3 .
ASSIGNMEN	T
POWER OF A	LITORNEY
RELEASE	2
SUBORDINA	TION AGREEMANT
OTHER Doca	esed Soint Tenny Affidavit
	i wai f

RETURN TO:

0634039057 Page: 2 of 3

UNOFFICIAL COPY



AFFIDAVIT RE DECEASED JOINT TENANT

PIN: 25-11-106-031-0000

PROPERTY ADDRESS: 9642 S. Greenwood

- I, Lovie Walton, on oath state:
- 1. That I reside at 14353 Park Ave., Harvey, IL 60426;
- 2. That I was acquainted with William Walton, who died on June 7, 2006, as evidenced by the attached ce tified copy of death certificate;
- 3. That said decedent was one of the owners of land described in the following legal description:

Lot 18 in Block 28 in Cottage Grove Heights Addition, being a Subdivision of part of the North 1/2 of Section 11, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

4. That Decedent died without a will.

Lovie Walton

STATE OF ILLINOIS

COUNTY OF COOK

SUBSCRIBED & SWORN to before me by the said this 17 day of

Notary Public

Prepared by / Mail to:

Kathryn E. Gately Attorney at Law UAW-Ford Legal Services Plan 1579 Huntington Drive Calumet City, IL 60409 (708) 868-7520 "OFFICIAL SEAL"
Pam Schmal
Notary Public, State of Illinois
Commission Expires 9/19/2010

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

/R200 (Rev/5/89)

Illinois Department of Public Health-Division of Vital Records

DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

011950

26b

JUN 1 3 2006 LE

I, TERRY MASON 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.

JUL 1420

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

BIFTH NO.

REGISTRATION DISTRICT NOO.

STATE OF ILLINOIS

STATE FILE

							_	_					of 3	Page:	9057	3403	06				
	Yest to WT HMK	hysicians at for TIONS		ASED	Y	P	O _	C Prs	_	\L		SE			<u> </u>		\mathcal{Q}	<u> </u>	3,	ATON.	
REGISTERED NUMBER	DECEASED NAME F	ſ	6a. HICAGO	BIRTHPLACE (CHYANDSTATEOR FOREKACOUNTRY)	10.333 28 3035	9642 S	13e. / 11 1 10 1 5 131. 60	FATHER NAME FIRST	INFORMANTS NAME (TYPE OR PRINT)	18. PARTI. Emerthe	Investigate Cause (Final disease or condition resulting in death)	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE	H 8 /-	DATE OF OPERATION, IF ANY	AND VAST SAW HIMMER ALIVE ON 21a.	22a. SIGNATURE	22c. A. HONASOGT	23. Ananth	REMOVAL (SPECIFY) 249 249 249 240 240	FUNERAL HOME	1/00 0 5 /-0
MEDICAL CE	FIRST MIDDLE	AGE-LAST BIRTHDAY (PRS) 5a.		MARRIED, NEVER MARRIED, II WIDOWED, DIVORCED (SPECIFY) BB. MARRIED	11a. ASSEMBLER	REEN/NOOD 136.	CODE RACE (WHITE, BLACK, AMERICAN BOLDS) LACK	MIDDLE	_[`	Ciseases, or complications that caused the de	MYOCKEDI	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	eing to death but not resulting in the underlying cause	MAJOR FINDINGS OF OPERATION 206.	H. 17.06	PART OF THE TIME OF TEAM	3	Anenth Henasoge, M.D.	CEMETERY OR CREMATORY-NAME	STREET AND	
ERTIFICATE OF	VAI TON SE SEX	DER YEAR UNDER 1 DAY DAYS HOURS MIN 5c.	NSTITUTION-NAME (IF NOT IN EITHER,	NAME OF SURVIVING SPOUSE MAIL	11b. Autoryotive	TOWAL TWP, OR ROAD DISTRICT NO.	OFHISPANIC ORIGIN?	MOTHER-NAME, I	TONSHIP MAILING ADDR	17b. WIFE 17c. 14353 FAX	VAC INFA	04	agivenin PART CALL FALL	0	WASCON EXAMINE	CCURRED AT THE TIME OF TE AND PLACE AND DUE TO THE CAUSE(S) STATED	KINGODRIVE, CHICAGO	PRINT)		BEROARED.	
DEATH 608234	DATE OF DEATH (MO	EOFBIRTH (MONTH, DAY, YEAR) MARCH 9		MAIDEN MANE, IF WHED) ONLY	INSIDE CITY (YES/NO) ES) (SPECIFY NO ORYES - FYES SPICY YOUR	Wight S	(STREET ALTINO THRIFD CITYON	13 TAKK AVENUE	RCTION/		TATILION AUTOPSY WAR	IF FEMALE, WAS THREE MONTHS	WAS CORONER OR MEDICAL HOUR OF DEATH EXAMINER NOTIFIEDZ (YES/NO) 210.		60616	NOTE: IF AN IP DEATH THE C UNUST BE NOT	STATE	OH TOWN STATE	, ,
2234	(MONTH, DAY, YEAR) E 7 2006	1936	F HOSP, OR INST. NOICATE DO OP/EMER RM, INPATTENT (SPYC)F	WAS DEC. ASL DECEMINES	STGRADE (OMFLETED) Silege (1-4 or 5+)	7/00 / Pt	SAN, MEXICAN, PUERTO FICAN	(MAIDEN) LAST	TOWN STATE ZIP) 60 4.	TIMENEY IL	SUDATA		WERE AUTOPSYTHICHOS AVAILABLE PRO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		D-10-07	ILLINOIS LICENSENUMBER 22d. 036-06870	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE COMONER OR INEDICAL EXAMIN MUST BE NOTIFIED.	(MONTH, DAY,	/ / /	