

1 of 2

UNOFFICIAL COPY

STS082246 DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of Cook)

Gussie Stokes, being first duly sworn state that she resides at 5722 S. Marshfield Avenue, Chicago, Cook County, Illinois.

That she was acquainted with Andrew Butler, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as follows:

SEE ATTACHED LEGAL DESCRIPTION

That the deceased died on April 30, 1998, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament
- Leaving a Last Will and 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 and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on or 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

Twenty Thousand dollars.

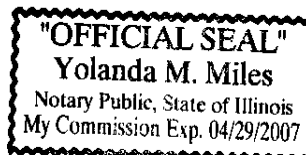
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

SUBSCRIBED AND SWORN TO
before me this 10 day
of November, 2006.

Yolanda M. Miles
NOTARY PUBLIC

Gussie M. Stokes

Gussie Stokes



Doc#: 0634239040 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 12/08/2006 11:13 AM Pg: 1 of 2

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STATE OF TEXAS SAN ANTONIO METROPOLITAN HEALTH DISTRICT

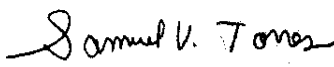
STATE OF TEXAS			CERTIFICATE OF DEATH			STATE FILE NUMBER		
1. NAME OF DECEASED (a) FIRST Andrew			(b) MIDDLE Walter			(c) LAST Butler		
(d) MAIDEN			2. SEX Male			3. DATE OF DEATH April 30 1998		
4. DATE OF BIRTH March 17 1952			5. AGE (IN YEARS) 46			6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY) Chicago, Illinois		
7. SOCIAL SECURITY NO. 356-40-4131			8. RACE Black			9. WAS THE DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
10. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (10-12) COLLEGE (13-16, 17+) 16			12. MARITAL STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		
13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Agatha Annette Brass			14a. DECEDENT'S USUAL OCCUPATION Claim Representative			14b. KIND OF BUSINESS OR INDUSTRY Insurance		
15a. PLACE STREET ADDRESS 1535 Blackbridge						15b. CITY OR TOWN San Antonio		
15c. COUNTY Bexar			15d. STATE Texas			15e. ZIP CODE 78253		
15f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			18. FATHER'S NAME Fred Butler			17. MOTHER'S MAIDEN NAME Eric Moore		
18. PLACE OF DEATH (CHECK ONLY ONE)								
HOSPITAL: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> NURSING HOME <input checked="" type="checkbox"/> RESIDENCE <input type="checkbox"/> OTHER (SPECIFY)								
18. COUNTY OF DEATH Bexar			19. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.) San Antonio			21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address) 1535 Blackbridge		
22. INFORMANT - SIGNATURE & RELATIONSHIP Agatha A. Brass - wife			23. MAILING ADDRESS OF INFORMANT 1535 Blackbridge San Antonio Texas 78253					
24. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL FROM STATE <input type="checkbox"/> DONATION <input type="checkbox"/> OTHER (SPECIFY)			25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE) Forest Home Cemetery			25b. SECTION		
26. LOCATION (CITY, STATE) Forest Park Illinois			27. SIGNATURE OF FUNERAL DIRECTOR (A PERSON ACTING AS SUCH) Anna M. Contri-Velarde			28. DATE OF DISPOSITION May 5, 1998		
29. NAME & ADDRESS OF FUNERAL HOME Sunset Northwest Funeral Home 6321 Bandera Road San Antonio, Texas 78238			30. CERTIFIER <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> MEDICAL EXAMINER ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN THE ABSENCE OF WHICH, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED. <input type="checkbox"/> JUSTICE OF THE PEACE					
31. SIGNATURE & TITLE OF CERTIFIER Edmundo Garcia, M.D.			32. DATE SIGNED MAY 1 1998			33. TIME OF DEATH 8:02 A.		
34. PRINTED NAME & ADDRESS OF CERTIFIER Edmundo Garcia M.D. 9673 Marbach Road San Antonio, Texas 78245								
35. PART 1 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)			Hyper tention DUE TO (OR AS A LIKELY CONSEQUENCE OF): Diabetes Mellitus DUE TO (OR AS A LIKELY CONSEQUENCE OF): Cardio Myo pathy DUE TO (OR AS A LIKELY CONSEQUENCE OF):					
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)								
37. DID TOBACCO USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			38. DID ALCOHOL USE CONTRIBUTE TO DEATH <input type="checkbox"/> YES <input type="checkbox"/> PROBABLY <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			39. WAS DECEDENT PREGNANT AT TIME OF DEATH <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK WITHIN LAST 12 MO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		
40. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED			41a. DATE OF INJURY			41b. TIME OF INJURY		
41c. INJURY AT WORK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			41d. PLACE OF INJURY - AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)					
41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)			41f. DESCRIBE HOW INJURY OCCURRED					
42a. REGISTRAR FILE NO. 02 03510			42b. DATE RECEIVED BY LOCAL REGISTRAR MAY 06 1998			42c. SIGNATURE OF LOCAL REGISTRAR Fernando Q. Flores		

Bureau of Vital Statistics
 Texas Department of Health
 0 years in (A, J)
 WARNING: The penalty for knowingly making a false statement in this form can be a prison term of up to 5 years and a fine of up to \$10,000. (Health and Safety Code, Sec. 116, 117)
 VS-112 REV. 9. 2005

1763458

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Sec. 191.051, Health and Safety Code.

Issued: **SEP 20 2006**


 Samuel V. Torres
 Local Registrar

