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Doc#: 0636005136 Fee: \$30.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds
Date: 12/26/2006 12:09 PM Pg: 1 of 4

TC06-08198

PLEASE USE THIS PAGE FOR RECORDING PURPOSE ONLY

RETURN RECORDING DOCUMENT TO
TRISTAR TITLE
7358 LINCOLN AVE SUITE 120
LINCOLNWOOD IL, 60172



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DECEASED JOINT TENANCY AFFIDAVIT

State of Idinois) SS.
County of Cool)
hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 2007 E 9374 St. Chi(970) That Affiant(s) was acquainted with, hereinafter referred to as Deceased, and at the time of Decedent's deain was one of the owners of the land in County, Illinois, described as:
That the Deceased died on May 8, as evidenced by a copy of Deceased's death certificate attached hereto! That the Deceased, at the time of his/her death, held his/ner share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament. That the total value of the estate of the Deceased, for estate the purposes, 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 \$\frac{10}{1000}\$. Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.
Subscribed and sworn before me this / Delay day of / V. 2006. Notary Hublic Affiant's Signature CFFICIAL SEAL JAIRO SAGASTUME JAIRO SAGASTUME NOTARY PUBLIC STATE OF ELIMOIS MY COMMISCION ENTIRE OF THE MODE MY COMMISCION ENTIRE OF THE MODE NOTARY PUBLIC STATE
S WA COMMENT

0636005136 Page: 3 of 4 CAUSE LAST. /R200 (Rev. 5/89) FUNERAL DIREC LOCAL REGISTRA FUNERAL HOME BURIAL, CREMATION REMOVAL (SPECIFY) NAME OF ATTENDANG PHYSICIAN IF O NAME AND ADDRESS OF CERTIFIER 20a. FATH CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH NUMBER DISTRICT NO. 10.1U PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART. SOCIAL SECURITY NUMBER 10. 426-12-5999 BIRTHPLACE (CITY AND STATE OR DECEASED-NAME REGISTERED esuraing in death) SIDENCE (STREET AND NUMBER) ease or condition THE BEST OF MY KNOWLEDGE, DEATH OCCURR Tallulah, LA. ediate Cause (Final OF OPERATION, IF ANY SIGNATURE | MANT'S NAME (TYPE OR PRINT) R-NAME STSAWHIM/HERALIVEON Burial Dorothy 2007 E. Chicago Cook Isaih ing's Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory rres, shock, or heart failure. List only one cause on each line. 93rd St. 2301 ZIP CODE 13f. 24b. CEMETERY OR CHEMATORY-NAME Richard 0 DUE TO, OR AS A CONSEQUENCE OF ਭ DUE TO, OR AS A CONSEQUENCE OF (a) 60617 FIRST Mosley MIDDLE MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MAJOR FINDINGS OF OPERATION USUAL OCCUPATION MYOCARDIAL Oakwood Cem. Chapel, (TYPE OR PRIN Policeman Married MEDICAL CERTIFICATE OF DEATH Illinois Department of Public Health—Division of Vital Records 14a. 144 Black 937d ATIFIER Mosley AGE-LAST BIRTHDAY HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT INEITHER, GIVE STREET AND NUMBER) (WHITE, BLACK, AMERICAN Inc. HETIME, DATE AND PLACE A ID CUE TO THE CAUSE(S) STATED MIDDLE 0 STREET AND NUMBER OR R.F.D. South Shore Hsospital rear Ş (YRS) 4 ででGriffin, M.D. 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO 17b. RELATIONSHIP Chicago MOS. DAYS STATE OF ILLINOIS 10133 Mosley KINDOFBUSINESS OF INDUSTRY COLICAGO POLICA 116. Department NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Wife Sacr. ふくなったもろ LAST Dorothy 24c. LOCATION So. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, "UEF, "O RICAN, etc.) MOTHER-NAME 145 HOURS UNDER 1 Chicago, Il Halsted MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OF TOWN, STATE, ZIP) 17c. 2007 E. ©X O CITY OF TOWN EXAMINER NOTIFIED? (YE CITY OR TOWN Frozena Male DATE OF BIRTH (MONTH, DAY, YEAR) ă 93rd St. Chicago, 26b. October 7, (YESMO) SPECIFY: 13c. STATE DATE OF DEATH (MONTH, DAY, YEAR) AUTOPSY (YES/NO) MIDDLE 19a Yes May 18, 2004 MAY IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER DATE SIGNED HOUR OF DEATH 220.036-09868 ILLINOIS LICENSE NUMBER 226 (BASED ON 1989 U.S. STANDARD CERTIFICATE) I1 60628 Chicago, 2) College (1-4 or 5+) 2 4 200M STATE FILE 6 YES | NO | Morton 13d COUNT IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 1:45 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 1923 95 24dMay 22,2004 DATE Cook Emer. rm. (MA. DEN) LAST 9. No APPHOXIMATE INTERVAL BETWEEN ONSET AND DEATH WAS DECEASED EVER IN U.S ARMED FORCES? (YES/NO) (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) II. ر ا 60617

> MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

Chelm, no LOCAL REGISTRAR

LAW AND ORDINANCES

KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS THE CITY OF CHICAGO; THAT THE OF ILLINOIS AND THE ORDINANCES OF AND DEATHS FOR THE CITY OF CHICAGO THE RECORDS OF BIRTHS, STILLBIRTHS CERTIFY THAT I AM THE KEEPER OF THE CITY OF CHICAGO, DO HEREBY REGISTRAR OF VITAL STATISTICS OF

BY VIRTUE OF THE LAWS OF THE STATE

COUNTY OF COOK STATE OF ILLINOIS CITY OF CHICAGO

I, JOHN-E. WILHELM M.D., LOCAL

MAY 24 2004

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Ticor Title Insurance Company

Commitment Number: TC06-08198

SCHEDULE C PROPERTY DESCRIPTION

The land referred to in this Commitment is described as follows:

Iai.

T 8 IN BLC.
JBDIVISION OF
F THE THIRD FRIN.

C/K/A: 2007 E. 93 RD ST, Cr.

PIN: 25-01-417-003-0000

COLUMN

COLU SUBDIVISION OF THE SOUTHEAST QUARTER OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 14 EAST