

# UNOFFICIAL COPY



## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0636344002 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/29/2006 08:17 AM Pg: 1 of 2

STATE OF ILLINOIS  
COUNTY OF COOK

PROPERTY ADDRESS: 3321 Dornell Drive, South Chicago Heights, IL 60411

The affiant, Marie LeGraff, being duly sworn states that she resides at 3321 Heights, IL.

That she is the widow of and was acquainted with Robert LeGraff, deceased, who at the time of his death, was one of owners of the land in Cook County, Illinois, described as:

LOT FOURTEEN IN BLOCK ONE IN SAUK TRAIL MANOR THIRD ADDITION BEING A SUBDIVISION OF LOT 4, IN CIRCUIT COURT PARTITION OF THE NORTHEAST QUARTER OF SECTION 32 AND THE WEST HALF OF NORTHWEST QUARTER OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED MAY 5, 1990 IN BOOK 79 OF PLATS, PAGE 9 AS DOCUMENT NO 2956680 SITUATION IN THE VILALGE OF SOUTH CHICAGO HEIGHTS, COUNTY OF COOK AND STATE OF ILLINOIS.

Address: 3321 Dornell Drive, So. Chicago Heights, IL 60411  
Pin No. : 32-32-225-014-0000

That the deceased died September 21, 2006, as evidence by a copy of death certificate of the deceased attached hereto.

That the deceased died:

Leaving a Last Will & Testament, which has been filed in the unproven will box of the clerks office of the county in which he resided at the time of death.

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 \$100,000.00 dollars.

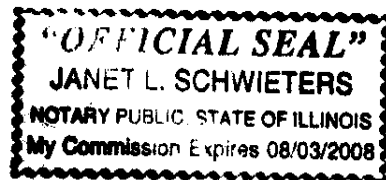
Affiant makes this affidavit for the purpose of including the Recorder of deeds Cook County is record the attached deed into trust, describing the above mentioned property.

x Marie LeGraff  
Affiant

Subscribed and sworn to before me by the said

this 10 day of Nov, 2006

Janet L. Schwieters  
Notary Public



SNO  
P2  
MY  
BMP  
(50)  
565

SEP 25 2006

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK

|   |  |  |   |   |  |                         |                   |
|---|--|--|---|---|--|-------------------------|-------------------|
| DECEDENT'S BIRTH NO.  |  | REGISTRATION DISTRICT NO. <b>16.0</b>  | STATE OF ILLINOIS   |   |  |                         | STATE FILE NUMBER |
|   |  | REGISTERED NUMBER  | <b>MEDICAL CERTIFICATE OF DEATH</b>   |   |  |                         |                   |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS   | 1. DECEASED—(NAME) FIRST MIDDLE LAST           |  | SEX   |   | DATE OF DEATH (MONTH, DAY, YEAR)   |                         |                   |
|   | 2. <b>ROBERT</b> <b>LEGRAFF</b>                |  | 3. <b>Male</b>  |   | 4. <b>9.21.06</b>  |                         |                   |
|   | 4. COUNTY OF DEATH                             |  | AGE—LAST BIRTHDAY (YRS)   |   | DATE OF BIRTH (MONTH, DAY, YEAR)   |                         |                   |
|   | 5. <b>COOK</b>                                 |  | 5a. <b>74</b>   |   | 5d. <b>December 7, 1931</b>  |                         |                   |
|   | CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER       |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) |   | IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)                         |                         |                   |
| A   | 6a. <b>HAZELCREST</b>                          |  | 6b. <b>SOUTH SUBURBAN HOSPITAL</b>  |   | 6c. <b>INPATIENT</b>   |                         |                   |
| DECEASED  | BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)                           |   | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  |                         |                   |
|   | 7. <b>TRAVIS CITY, MI</b>                      |  | 8a. <b>MARRIED</b>  |   | 8b. <b>MARIE NOSAL</b>   |                         |                   |
|   | SOCIAL SECURITY NUMBER                         |  | USUAL OCCUPATION  |   | KIND OF BUSINESS OR INDUSTRY   |                         |                   |
|   | 10. <b>318-26-2525</b>                         |  | 11a. <b>TRUCK DRIVER</b>  |   | 11b. <b>TRANSPORTATION</b>   |                         |                   |
|   | RESIDENCE (STREET AND NUMBER)                  |  | CITY, TOWN, TWP, OR ROAD DISTRICT NO.   |   | INSIDE CITY (YES/NO)   |                         |                   |
| C   | 13a. <b>3321 DORNELL AVE.</b>                  |  | 13b. <b>SOUTH CHICAGO HEIGHTS</b>   |   | 13c. <b>YES</b>  |                         |                   |
| D   | STATE  |  | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)                          |   | OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) |                         |                   |
| E   | 13e. <b>IL</b>                                 |  | 14a. <b>WHITE</b>   |   | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:          |                         |                   |
| FATHER—NAME FIRST MIDDLE LAST   |  | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST   |   |   |  |                         |                   |
| 15. <b>WILLIAM</b> <b>LEGRAFF</b>   |  | 16. <b>RITA</b> <b>ONYON</b>   |   |   |  |                         |                   |
| INFORMANT'S NAME (TYPE OR PRINT)  |  | RELATIONSHIP   |   | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)                            |  |                         |                   |
| 17a. <b>MARIE LEGRAFF</b>   |  | 17b. <b>WIFE</b>   |   | 60411 17c. <b>3321 DORNELL AV. S. CHICAGO HEIGHTS IL</b>  |  |                         |                   |
| 18. PART I. Enter the diseases, 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)                      |   | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  |  |                         |                   |
|   |  | (a) <b>MYOCARDIAL RUPTURE</b>  |   | MINUTES   |  |                         |                   |
|   |  | (b) <b>ACUTE MYOCARDIAL INFARCTION</b>   |   | DAYS  |  |                         |                   |
|   |  | (c)  |   |   |  |                         |                   |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  |  | 19a. AUTOPSY (YES/NO)  |   | 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)            |  |                         |                   |
| 5. <b>HYPERLIPIDEMIA TYPE II DM</b>   |  | 19a. <b>NO</b>   |   | 19b. <b>NO</b>  |  |                         |                   |
| DATE OF OPERATION, IF ANY   |  | MAJOR FINDINGS OF OPERATION  |   | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?  |  |                         |                   |
| 20a.  |  | 20b.   |   | 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>                                   |  |                         |                   |
| 1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON   |  | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)                                   |   | HOUR OF DEATH   |  |                         |                   |
| 21a. <b>9.21.06</b>   |  | 21b. <b>NO</b>   |   | 21c. <b>5:21 P.M.</b>   |  |                         |                   |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.   |  | 22a. SIGNATURE   |   | DATE SIGNED (MONTH, DAY, YEAR)  |  |                         |                   |
| 22a. <i>[Signature]</i>   |  | 22b. <b>9.22.06</b>  |   | ILLINOIS LICENSE NUMBER   |  |                         |                   |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)   |  | 22c. <b>JEROME DAY 20325 GRACELAND E.F. IL 60423</b>                                 |   | 22d. <b>036 057011</b>  |  |                         |                   |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)   |  | 23.  |   | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. |  |                         |                   |
| BURIAL, CREMATION, REMOVAL (SPECIFY)  |  | CEMETERY OR CREMATORY—NAME   |   | LOCATION CITY OR TOWN STATE   |  | DATE (MONTH, DAY, YEAR) |                   |
| 24a. <b>BURIAL</b>  |  | 24b. <b>CALVARY</b>  |   | 24c. <b>STEGER, IL</b>  |  | 24d. <b>9-25-06</b>     |                   |
| FUNERAL HOME  |  | NAME   |   | STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE  |  | ZIP                     |                   |
| DISPOSITION   |  | 25a. <b>HIRSCH WEST END CHAPEL, 1340 OTTO BLVD., CHICAGO HEIGHTS, ILLINOIS 60411</b> |   | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  |  |                         |                   |
|   |  | 25b. <i>[Signature]</i>  |   | 25c. <b>034-016147</b>  |  |                         |                   |
| LOCAL REGISTRAR'S SIGNATURE   |  | 26a. <i>[Signature]</i>  |   | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  |  |                         |                   |
|   |  |  |   | 26b. <b>SEP 25 2006</b>   |  |                         |                   |