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Doc#: 0700947097 Fee: \$50.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/09/2007 09:02 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

Land described in LAW TITLE INSURANCE AGENCY, INC.-NAPERVILLE Commitment/Policy 275291W

State of IL, County of COOK

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he or she resides at the address below.

That he or she was acquainted with Willie Johnson, deceased, who, at the time of his or her death, was one of the owners of the land described in the above Title Commitment and described in the the above referenced Title Commitment / Policy.

That the deceased died on 6/6/2002 (date) 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 is to 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 _____ (date).

Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit court of _____ County, Illinois, on about _____ as Case # _____

That from the Estate of the Deceased:

All State Inheritance and /or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.

No State Inheritance and/or Federal Estate Taxes were due.

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 \$ _____ dollars.

Affiant makes this affidavit for the purpose of inducing LAW TITLE INSURANCE AGENCY, INC.-NAPERVILLE to issue a Title Insurance Policy(s), describing the above mentioned property and /or referenced in the above mentioned Title Commitment/Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Date: 12/12/06

[Signature]

Affiant's Signature

Subscribed and sworn before me on this 12 day of Dec, 2006.

[Signature]

Notary Public



Prepared by/MAILED TO:
Cleo Johnson
8744 S. Dante Ave
Chgo IL 60619
3pm

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER
DECEASED NAME

STATE FILE NUMBER
608823

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 6 - 2005

I, JOHN L. WILHELM 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.

1. NAME OF DECEASED: **Willie Johnson**
 2. SEX: **Male**
 3. DATE OF BIRTH: **June 6, 2002**
 4. COUNTY OF DEATH: **Cook**
 5. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 6. HOSPITAL OR OTHER INSTITUTION: **Michael Reese Hospital**
 7. DATE OF DEATH: **Monday, October 17, 1921**
 8. TIME OF DEATH: **11:50 A**
 9. PLACE OF DEATH: **Chicago**
 10. NAME OF SURVIVING SPOUSE: **Clco Craft**
 11. KIND OF BUSINESS OR INDUSTRY: **Newspaper**
 12. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 13. ZIP CODE: **60619**
 14. RACE: **Black**
 15. FATHER'S NAME: **Willie Johnson**
 16. MOTHER'S NAME: **Mattie Mitchell**
 17. RELATIONSHIP: **Records**
 18. MAILING ADDRESS: **7838 S. Cottage Grove Chgo. IL 60619**
 19. PART I: **Bilateral Pneumonia**
 20. MAJOR FINDINGS OF OPERATION: **None**
 21. I DID NOT ATTEND THE DECEASED AND LAST SAW HIM/LIVE ON: **I Did Not**
 22. SIGNATURE: **John L. Wilhelm**
 23. NAME OF ATTENDING PHYSICIAN: **John Awah, MD**
 24. CEMETERY OR CREMATORY: **Oakwoods**
 25. FUNERAL HOME: **Leak And Sons Funeral Home**
 26. LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm, M.D.**

John L. Wilhelm, M.D.
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

3127446111

Vital Records

01:45:13 a.m. 01-07-2005

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Law Title Insurance Agency Inc.-Naperville

2900 Ogden Ave., Suite 108, Lisle, Illinois 60532

Title Department Phone: 630-717-1383, Title Department Fax: 630-717-7538

Authorized Agent For: Law Title Insurance Company, Inc.

SCHEDULE C - PROPERTY DESCRIPTION

Commitment Number: 275291W

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

LOT 28 IN BLOCK 9 IN SECOND ADDITION TO CALUMET GATEWAY IN THE NORTHEAST QUARTER OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 25-02-205-032

8744 SOUTH DANTE AVENUE CHICAGO IL 60619

PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY AND ARE NOT INSURED.

Property of Cook County Clerk's Office