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DECEASED JOINT TENANT AFFIDAVIT



Doc#: 0705747157 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/26/2007 02:37 PM Pg: 1 of 3

STATE OF ILLINOIS)
) SS.
COUNTY OF)

ORDER NO. _____

_____ being duly

sworn states that JESSIE L. CARR

resides at 321 W. 99th PL

in the CITY of CHICAGO, County of COOK, State
of ILLINOIS.

That SHE was acquainted with ALBERT E. CARR deceased who, at
the time of HIS death was one of the owners of the land in COOK County,
Illinois, legally described as:

1. LOT 14 IN FRANK DELUGACH SANOLA PARK SUBDIVISION IN THE SOUTHEAST ¼ OF
SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN, IN COOK COUNTY.

2. LOT 2 IN BLOCK 3 IN DEMAREST'S SUBDIVISION OF THE NORTHEAST ¼ OF THE
SOUTHEAST ¼ OF SECTION 18, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 25-09-401-014-0000 / 20-18-405-009-0000

Common Address: 321 W. 99th PL CHICAGO IL 60628

Common Address: 1705 W 59th St CHICAGO, IL 60630

That the deceased died FEBRUARY 13, 2007, as evidenced by a certified copy of the
death certificate of the deceased attached hereto.

That the deceased died:

_____ Leaving no Last Will & Testament

_____ Leaving a Last Will & 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 & Testament which was filed in the Unproven will box of the Probate

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Division of the Circuit Court of _____ County, Illinois

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 _____.

Affiant makes this affidavit for that purpose of inducing _____ to issue its Title Insurance Policy, describing the above-mentioned.

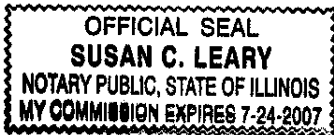
Jessie L Carr
AFFIANT

Subscribed and sworn to before me by the said

JESSIE L CARR as affiant

this 26 day of February, A.D. 2007

Susan C. Leary
NOTARY PUBLIC



DeKalb County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

FEB 20 2007

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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16.10** REGISTERED NUMBER: **290 FEB. 07** DECEASED-NAME: **ALBERT EDWARD COOK** MIDDLE: **CAIRN** LAST: **COOK** SEX: **Male** DATE OF DEATH (MONTH, DAY, YEAR): **3-2-13-07** NUMBER: **602282**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** DATE OF BIRTH (MONTH, DAY, YEAR): **4-11-35** IF HOSP. OR INST. INDICATED O.A., OPERM. RM. INPATIENT (SPECIFY) **EMER. RM.**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **CHICAGO, ILLINOIS** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **ROSELAND COMMUNITY HOSPITAL** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **YES**

SOCIAL SECURITY NUMBER: **10428-60-2828** KIND OF BUSINESS OR INDUSTRY: **TRUCKING CO.** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **College (1-4 or 5+)**

RESIDENCE (STREET AND NUMBER): **321 W. 99th Pl.** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO** INSIDE CITY (YES/NO): **YES** COUNTY: **COOK**

FATHER-NAME FIRST MIDDLE LAST: **BOOKER CARR** MOTHER-NAME FIRST MIDDLE LAST: **HANNAH BUNTON**

RELATIONSHIP: **WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c. 321 W. 99th Pl. Chicago, IL 60628**

Immediate Cause (Final disease or condition resulting in death): **(a) Anesthetic overdose**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) DUE TO, OR AS A CONSEQUENCE OF**
 (c) **DUE TO, OR AS A CONSEQUENCE OF**

NATURE ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED, SPECIFY): **NATURAL** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I, OR PA. IT #, ITEM 18): **20c. M. 20c. M.**

PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **20b.** LOCATION (CITY, VIL OR TOWN, OR WARRD, DIST. NO., COUNTY, STATE): **20g. CHICAGO, ILLINOIS**

DATE OF INJURY (MONTH, DAY, YEAR): **20d. 3-2-07** HOUR: **20e. 3:38 P.M.**

CORONER'S - MEDICAL EXAMINER'S SIGNATURE: **Terry Mason M.D.** DATE SIGNED (MONTH, DAY, YEAR): **22b. 2-16-07**

CORONER'S PHYSICIAN'S NAME (NAME OF PHYSICIAN): **Dr. M. Scott Denton, M.D.** DATE SIGNED (MONTH, DAY, YEAR): **23b.**

BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. HOPE CEMETERY** LOCATION: **24c. CHICAGO, IL** DATE (MONTH, DAY, YEAR): **24d. 2-19-07**

FUNERAL HOME: **25a. GATLING'S CHAPEL INC, 10133 S. HALSTED ST CHICAGO, IL 60628** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-0150-65**

LOCAL REGISTRAR'S SIGNATURE: **Terry Mason M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **FEB 20 2007**