UNOFFICIAL CONTINUES

DECEASED JOINT TENANT AFFIDAVIT

Doc#: 0707447184 Fee: \$28.50 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds Date: 03/15/2007 02:04 PM Pg: 1 of 3

	i Pg: 1 of 3
STATE OF ILLINOIS)	
) SS.	
COUNTY OF	
Order No	
De des A Mellianes	
Denise A. Williamsbeing duly sworn states that _She	For Recorder's use only
resides at 1405 E. Sevator In the TOYYN of FORd	ANC Heights County of COOK , State of
That Sign was a	cquainted with Georgia L. Johnson Beceased death was one of the owners of the land in
P.I.N. 32-23-253-Common Address: 1405 F. 5	102-0000 SENATOR LN. FORD HEIGHTS, IL. 60411-305
That the deceased died certified copy of the death cei	n-On, as evidenced by a tificate of the deceased attached hereto.
That the deceased died:	
Leaving no Last Will & T	'estamen
Leaving a Last Will & Te	estament, a copy of which is attached hereto. 11 should be (ited with the Clerk of the
Leaving a Last Will & Te box of the Probate Division of County, Ill	
and personal property owned by	the estate of the deceased including both real the deceased either individually or in joint the of the deceased, does not exceed the sum of
Affiant makes this affida	avit for that purpose of inducing
the above-mentioned.	issue its Title Insurance Policy, describing
Denise a William	
AFFIANT	"OFFICIAL SEAL" ALLENE DAVIS
Subscribed and sworn to before	me by the said Notary Public, State of Illinois My Commission Expires Oct. 12, 2010
this 14th day of M	as affiant arch, A.D. <u>2007</u>
Contract Contract	

OF COOP COUNTY CLERK'S OFFICE

UNOFFICIAL COPY

Aegal Bescription

1405 E. Senator Lane, Ford Heights, Illinois 60411

of premises commonly known as _

Lot 2 BLK 7 in Golden Meadows Unit 2 being a Resubdivision of Part of the West Half of the Northeast Quarter of Section 23, Township 35 North, Range 14 East of the Third Principal Meridian

in Cook County, Illinois.

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REGISTRATION STATE FILE DISTRICT NO. REGISTERED **NUMBER** MIDDLE LAST DATE OF DEATH (MONTH, DAY, YEAR) DECEASED-NAME FIRST SEX Georgia L. Johnson 2 Female 3October 6. COUNTY OF DEATH AGE-LAST DATE OF BIRTH (MONTH, DAY, YEAR) UNDER 1 YEAR UNDER 1 DAY BIRTHDAY (YRS) 4. Cook 5c. 5d. August 5b CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT INEITHER, GIVE STREET AND NUMBER) IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY) 6a Chicago Heights 6b. St. James Hospital Inpatient BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 7. Chicago 8a.Widowed 9. NO 8b. <u>None</u> EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
Élementary/Secondary (0-12) College (1-4 or 5 +) SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY 349-16-0895 _{11a} Home Maker 11b. Home INSIDE CITY COUNTY RESIDENCE (STREET AND NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NO (YES/NO) 13a 1405 Senator LN 13d.Cook |13b. Ford Heights 13c. Yes STATE ZIP CODE RACE (WHITE BLACK AMERICAN OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, BIG.) INDIAN, etc.) (SPECIFY) 13e. Illinois 6041 14a Black 14b. 17 NO ☐ YES SPECIFY 13f. (MAIDEN) LAST FATHER-NAME FIRST MIDDI F MOTHER-NAME FIRST MIDDLE 15.William Nix MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZP) 60411 INFORMANT'S NAME (TYPE JRP HINT) RELATIONSHIP 17a. Denise A. Williams 17b Daughtet 1405 Senator Ford Enter the discusses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or 'lear' failure. List only one cause on each line. 18. PART I. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Immediate Cause (Final disease or condition resulting in death) DUETO, ORACACONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO DUE TO, OR AS A CONCEOUP ! CE OF IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. AUTOPSY (YES/NO) PART II. Other significant conditions contributing to death but not resulting in the unaday's discusse given in PART I. MERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. NO 19b. ИО DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c YES 🗌 NO [X WAS CORONER OR MEDICAL HOUR OF DEATH I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) EXAMINER NOTIFIED? (YES/NO 2006 8:00 DCt. 6 NO P_{M} 21b. 21a. 21b. NO
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DIE OTHE CAUSE(S) STATED DATE SIGNED (MONTH, DAY, YEAR) 106 22a. SIGNATURE > 22b NAME AND ADDRESS OF CERTIFIER ILLINOIS LICENSE NUMBER 220**036~08646**2 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 203rd Olympia Fi 3700 W BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME (MONTH, DAY, YEAR) 24d.10/14/06 Chicago, Lincoln Cemetery 24a Burial STREET AND NUMBER OR R.F.D. FUNERAL HOME 60411 25a.Woods Funeral Home, Halsted Street Chicago Heights. 1003 FUNERAL DIRECTOR'S SIGNATURE Nelvie 25c.034-015057 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) LOCAL REGISTRAR'S SIGNATURE tober10 Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE) VR200 (Rev. 5/89)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

OCT 10 2005	SIGNED: Sthe Ton Jayle,
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AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR