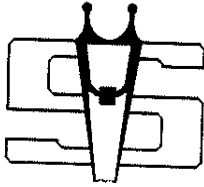


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Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0707905177 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/20/2007 12:13 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

STCI File Number: 520064

being duly sworn states that Mary L Blaine she resides at 21 Circle Dr in the City of Dixmoor

That she was acquainted with Betty Biber deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

SEE ATTACHED

That the deceased died 5-6-04, as evidenced by a certified copy of 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 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 _____ dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 3-9-07 day of March, A.D. 19 2007



Mary L. Blaine 3/9/07
Notary Public

(Affiant's Signature)

STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243

3K9

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BLUE ISLAND, ILLINOIS

DISTRICT 16.31

☒ PERMANENT CERTIFICATE
☐ TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 16.31
REGISTRATION NUMBER 164

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

082 MAY 2004

Type or Print in
PERMANENT INK
See Coroner's
or Funeral Directors
Handbook for
INSTRUCTIONS

DECEASED

A

B

C

D

E

PARENTS

1

2

3

4

5

CAUSE

N

F

H.G.

HIF

UNK

CERTIFIER

S.B. #66

DISPOSITION

1. DECEASED NAME LAST <u>BETTS</u> MIDDLE <u>BABER</u> FIRST <u>BARBARA</u>		2. SEX <u>FEMALE</u>	DATE OF DEATH MONTH DAY YEAR <u>May 10 2004</u>
3. COUNTY OF DEATH <u>COOK</u>		4. AGE - LAST BIRTHDAY (YRS) <u>58</u> <u>75</u>	5. UNDER 1 YEAR MONTHS <u>1</u> DAYS <u>1</u>
6. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>BLUE ISLAND</u>		7. DATE OF BIRTH MONTH DAY YEAR <u>JANUARY 4, 1929</u>	8. HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER CASE, SINCE BIRTH NUMBER)
9. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>WELLS, MS</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>WIDOWED</u>	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <u>None</u>
12. SOCIAL SECURITY NUMBER <u>428-72-4141</u>		13. USUAL OCCUPATION <u>HOMEMAKER</u>	14. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>
15. RESIDENCE (STREET AND CITY, TOWN, TWP. OR ROAD DISTRICT NO.) <u>21 CIRCLE DRIVE DIXMOOR</u>		16. EDUCATION (SPECIFY OR Y HIGHEST GRADE COMPLETED) <u>12 9TH</u>	17. WARDEN'S DECEASED EVER IN U.S. ARMY OR NAVY (Y/N) <u>NO</u>
18. STATE <u>ILLINOIS</u>		19. ZIP CODE <u>60426</u>	20. RACE <u>BLACK</u>
21. FATHER'S NAME FIRST MIDDLE LAST <u>CATER EVANS</u>		22. MOTHER'S NAME FIRST MIDDLE LAST <u>HATTIE M. FAIR</u>	23. OF HISPANIC ORIGIN? (SPECIFY NO OR YES IF YES SPECIFY CUBAN OR MEXICAN OR PUERTO RICAN OR OTHER) <u>NO</u>
24. INFORMANT'S NAME (TYPE OR PRINT) <u>MARY BLAND</u>		25. RELATIONSHIP <u>DAUGHTER</u>	26. MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) <u>21 CIRCLE DRIVE DIXMOOR, ILLINOIS 60426</u>
27. PART I. Enter the diseases, injuries, or complications which caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause in each line. (a) <u>ACUTE MYOCARDIAL INFARCTION</u> (b) <u>HEART DISEASE</u> (c) <u>HEART DISEASE</u>			
28. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
29. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) <u>Natural</u>		30. DATE OF INJURY (MONTH DAY YEAR) <u>May 10 2004</u>	31. HOUR <u>11:41 P.M.</u>
32. INJURY AT WORK (Y/N) <u>NO</u>		33. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY)) <u>Home</u>	34. LOCATION (CITY, VIL. OR TOWN OR TWP. OR RD DIST NO. COUNTY STATE) <u>DIXMOOR ILLINOIS</u>
35. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND OR THE INFORMATION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS PRONOUNCED DEAD AT <u>May 10 2004</u> AT <u>11:41 P.M.</u>			
36. CORONER'S - MEDICAL EXAMINER'S SIGNATURE <u>Dr. P. Scott Peterson</u>		37. DATE SIGNED <u>May 10 2004</u>	38. TIME SIGNED <u>11:41 P.M.</u>
39. CORONER'S PHYSICIAN'S NAME (Type or Print) <u>Dr. P. Scott Peterson</u>		40. DATE SIGNED <u>May 10 2004</u>	41. TIME SIGNED <u>11:41 P.M.</u>
42. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		43. CEMETERY OR CREMATORY NAME <u>BURR OAK CEMETERY</u>	44. LOCATION <u>ALSIP ILLINOIS</u>
45. FUNERAL HOME <u>W.W. HOLT FUNERAL HOME</u>		46. STREET AND NUMBER OR R.F.D. <u>175 WEST 159TH STREET</u>	47. CITY OR TOWN <u>HARVEY ILLINOIS</u>
48. FUNERAL DIRECTOR'S SIGNATURE <u>W.W. Holt</u>		49. FUNERAL DIRECTOR'S LICENSE NUMBER <u>10992</u>	50. DATE PREP BY LOCAL REGISTRAR (MONTH DAY YEAR) <u>May 10 2004</u>
51. LOCAL REGISTRAR'S SIGNATURE <u>Sam Frasco</u>		52. DATE PREP BY LOCAL REGISTRAR (MONTH DAY YEAR) <u>May 10 2004</u>	53. (PRINTED ON 100 U.S. STANDARD PAPER)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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.

DATE ISSUED **MAY 10 2004**

ISSUED AT:

13051 GREENWOOD AVE.
BLUE ISLAND, ILLINOIS 60406

LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

1834

UNOFFICIAL COPY

LEGAL DESCRIPTION

Lot 36 in Block 2 in Forest Manor, a subdivision of the South 40 acres of the East $\frac{1}{2}$ of the Southeast fractional $\frac{1}{4}$ of Section 6, Township 36 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

29-06-426-036

21 Circle Drive

DIXMOORE, T.J.

60426