

# UNOFFICIAL COPY



Doc#: 0709646020 Fee: \$28.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 04/06/2007 02:37 PM Pg: 1 of 3

## JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

Aretha O. Hampton,  
hereby referred to as the affiant, states under  
oath that the affiant resides at \_\_\_\_\_  
9409 S. Bishop

In the City of Chicago,  
State of Illinois;  
that the affiant was acquainted with \_\_\_\_\_  
Tommie Hampton Jr.,  
the decedent; at the time of death, the  
decedent was one of the owners of property,  
by virtue of a properly recorded joint  
tenancy deed, said property located in  
Cook County, State of  
Illinois, and legally  
described as follows:

The south 15 feet of Lot 3 and Lot 4 (except South 10 feet thereof)  
in John Nelson's Subdivision of Block 37 in Crosby and Others'  
Subdivision of that part Westerly of the Right of Way of the Chicago,  
Rock Island and Pacific Railroad of the South 1/2 of Section 5,  
Township 37 North, Range 14, East of the Third Principal Meridian,  
in Cook County, Illinois.

P. I. N. # 25-65-327-042-0000  
Commonly known as: 9409 S. Bishop  
Chicago, IL

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on November 23, 2006, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 100,000.00, and that the value of the above property individually was \$ 80,000.00.

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

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## JOINT TENANCY AFFIDAVIT (continued)

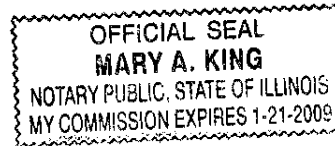
The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of TOMMIE HAMPTON JR., the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

*Tommie Hampton* (Seal)  
 \_\_\_\_\_ (Seal)

Subscribed and sworn to before me this

5TH day of MARCH, 2007  
(Month) (Year)  
*Mary A. King*  
(Notary Public)



Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Return to:

Attorney Lynette Lewis  
(Name)  
3502 W. 95th Street  
(Address)  
Evergreen Park, IL 60805  
(City, State, Zip)

Attorney Lynette Lewis  
(Name)  
3502 W. 95th Street  
(Address)  
Evergreen Park, IL 60805  
(City, State, Zip)

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STATE FILE NUMBER

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16:33**  
 REGISTERED NUMBER **563**

DECEASED-NAME <b>TOMMIE</b>		FIRST		MIDDLE		LAST <b>HAMPTON JR.</b>		SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 NOVEMBER 23, 2006</b>
COUNTY OF DEATH <b>COOK</b>		AGE-LAST BIRTHDAY (YRS) <b>57</b>		UNDER 1 DAY HOURS MIN <b>5c.</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. December 22, 1948</b>		IF HOSP. OR INST. INDICATE D.O.A. (OPER. OR HM. INPATIENT (SPECIFY)) <b>6c. INPATIENT</b>	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>EVERGREEN PARK</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>LITTLE COMPANY OF MARY HOSPITAL</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME - WIFE) <b>Aretha Ollivier</b>		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO) <b>9. No</b>		HIGHEST GRADE COMPLETED College (11-12 or 13) <b>2</b>	
BIRTHPLACE (CITY AND STATE OF AL FOREIGN COUNTRY) <b>Mt. Sterling, AL</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary (8-12) <b>12</b>		INSIDE CITY (YES, NO) <b>13c. YES</b>	
SOCIAL SECURITY NUMBER <b>10426-68-5520</b>		USUAL OCCUPATION <b>Salesman</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>		COUNTY <b>COOK</b>		COUNTRY <b>13d. COOK</b>	
RESIDENCE (STREET AND NUMBER) <b>9409 S BISHOP</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>Black</b>		OF HIS ANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>XXNO</b>		SPECIFY: MOTHER-NAME FIRST MIDDLE LAST <b>Turner</b>		MIDDLE (MAIDEN) LAST <b>Turner</b>	
STATE <b>ILLINOIS</b>		ZIP CODE <b>60620</b>		FATHER-NAME FIRST MIDDLE LAST <b>Tommie Lee Hampton</b>		MOTHER-NAME FIRST MIDDLE LAST <b>Annie</b>		MIDDLE (MAIDEN) LAST <b>Turner</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>JACINTA ALLEN/REGISTRAR</b>		RELATIONSHIP <b>HOSPITAL RECORDS</b>		Mailing Address (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP) <b>2800 WEST 95TH STREET EVERGREEN PARK, ILLINOIS 60805</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
17a. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. <b>(a) Acute Myocardial Infarction 1 day</b>		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF		DUE TO, OR AS A CONSEQUENCE OF			
17b. IMMEDIATE CAUSE (Final disease or condition resulting in death)		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)		STATING THE UNDERLYING CAUSE LAST.		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES, NO) <b>19a. No</b>		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES, NO)			
20a. <b>11/23/06</b>		<b>11/23/06</b>		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES <input type="checkbox"/> NO <input type="checkbox"/></b>		HOUR OF DEATH <b>21c. 6:48 A.M.</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>22b. 11/24/06</b>	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES, NO) <b>21b. NO</b>		ILLINOIS LICENSE NUMBER <b>22d. 036161003</b>		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED			
22a. SIGNATURE OF CERTIFIER <b>Lauren M. Carufel MD</b>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>2800 W. 95th St Oak Lawn, IL 60805</b>		CITY OR TOWN <b>Alabama</b>		STATE <b>Alabama</b>		DATE (MONTH, DAY, YEAR) <b>24d Nov. 28, 2006</b>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		CEMETERY OR CREMATORY-NAME <b>Fairview Cemetery</b>		LOCATION <b>Butler, Alabama</b>		CITY OR TOWN		DATE (MONTH, DAY, YEAR)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		STREET AND NUMBER OR R.F.D. <b>7651 S. Jeffery Blvd Chicago, Illinois 60649</b>		FUNERAL HOME		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 0394103</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. November 27, 2006</b>	
24a. Burial		FUNERAL DIRECTOR'S SIGNATURE <b>Lauren M. Carufel (KK)</b>		LOCAL REGISTRAR'S SIGNATURE		DATE OF DEATH (MONTH, DAY, YEAR)			

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM # 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 BIRTH, STILLBIRTHS, AND DEATHS.

DATE: November 27, 2006  
 AT: EVERGREEN PARK, ILLINOIS

REGISTRAR: Lauren M. Carufel  
 SIGNATURE: Lauren M. Carufel