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Doc#: 0711448026 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/24/2007 09:49 AM Pg: 1 of 3

Mail To:
Law Title Oak Brook
800 Enterprise Dr
Ste 205
Oak Brook, IL 60523

DECEASED JOINT TENANCY AFFIDAVIT

To Be Recorded in COOK County, Illinois

Title Realty Services, LLC File Number OAK-106074TRS-HB
Property Address: 1233 SOUTH KOMENSKY, CHICAGO, IL 60623

106074TRS

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

That he or she was acquainted with Lee Curtis Bruce, deceased, who at the time of death was one of the owners of the land described in the above referenced Title Commitment.

That the deceased died on 3/29/05 (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 Title Realty Services, LLC to issue a Title Insurance Policy(s) describing the land shown in file OAK-106074TRS-HB and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

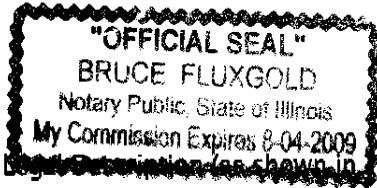
Signature of Affiant: [Signature]

Date

State of Illinois, County of Cook, SS. Subscribed and sworn before me on 4-5-07.

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Signature of Notary Public: _____



Legal Description (as shown in Title Realty Services, LLC File Number OAK-106074TRS-HB:

LOT 19 IN BLOCK 1 IN MERIGOLD'S RESUBDIVISION OF THE NORTH 50 ACRES OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 22, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 16-22-207-011
 1233 SOUTH KOMENSKY, CHICAGO IL 60623

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

Tax Identification Number: 16-22-207-011

Property of Cook County Clerk's Office

UNOFFICIAL COPYForm Approved
OMB No. 0960-0142

SOCIAL SECURITY ADMINISTRATION

STATEMENT OF DEATH BY FUNERAL DIRECTOR

NAME OF DECEASED CURTIS LEE BRUCE	SOCIAL SECURITY NUMBER 3 3 8 3 0 8 0 9 6
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	<p>Please complete the items below, and return the form in the enclosed addressed, postage paid envelope. Your assistance and cooperation are appreciated.</p>

PAPERWORK ACT NOTICE: The information on this form is authorized by sections 404.715 and 404.720 of Federal Regulations (20 CFR 404.715 and 404.720). While your response is voluntary, we need your assistance to make an accurate and timely determination concerning the death of the individual named above, and to determine if there are survivors who may be eligible for Social Security benefits.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanations about these and other reasons why information you provide us may be used or given out are explained in Social Security offices. If you want to learn more about this, contact any Social Security office.


The Paperwork Reduction act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB control number.

TIME IT TAKES TO COMPLETE THIS FORM

We estimate that it will take you about 3.5 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. If you have comments or suggestions on this estimate, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Bldg., Baltimore, MD 21235-0001. Send only comments relating to our "time it takes" estimate to the offices listed above. All requests for Social Security cards and other claims-related information should be sent to your local Social Security office, whose address is listed under Social Security Administration in the U.S. Government section of your telephone directory

1. NAME OF DECEASED CURTIS LEE BRUCE		2. SOCIAL SECURITY NUMBER 3 3 8 / 3 0 / 8 0 9 6	
3. DATE OF DEATH 03/29/2005	4. DATE OF BIRTH (if known) 12/24/1934	5. Check (✓) whether the deceased was <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. NAME OF WIDOW OR WIDOWER (if known)			
7. ADDRESS (No. and Street, P.O. Box) OF WIDOW OR WIDOWER (if known)			
CITY	STATE	ZIP CODE	TELEPHONE NUMBER (if Available) (area code)

I hereby certify that I am an authorized funeral director and prepared for final disposition the body of the person named above. I understand this statement may be used in connection with an application for Social Security benefits.

NAME AND ADDRESS OF FUNERAL DIRECTOR OR FIRM Zakia D. Gaston A.R. Leak Memorial Chapel 5744 West North Ave. Chicago, IL 60639-	SIGNATURE OF FUNERAL DIRECTOR OR AUTHORIZED REPRESENTATIVE 	
	TELEPHONE NUMBER (7 7 3) 622-7876 (area code)	DATE 03/30/2005

FOR SOCIAL SECURITY USE ONLY - DO NOT WRITE IN THIS SPACE