## **UNOFFICIAL COPY**

107 12/100	DECELER TOWN TRAIL VOLVE TOWN
A07-0360 PC	DECEASED JOINT TENANCY AFFIDAVIT
STATE OF ILLINOIS ) COUNTY OF ) SS.	File Number: A07-0360
LARENZO	JACKSON
being duly swom states that  HICAGO, 14,60651	resides at 1233 N. SARINGFILUM the City of
That was acquainted with	BEATRICE JACKSON deceased who, at the time of death, was one of the
sworn of the land in Cook Courty, Illinois, des	cribes as:
SEE	ATTACHED
The second secon	
y	
	COPV
That the deceased died 9-28-06	
That the deceased died	, as evidenced by a certified copy of death certificate of the deceased
	7
That the deceased died: Leaving no Last W	
Leaving a Last Will & Testament a copy o	f which is attached hereto. The original of the unproven will should be filed with the Clerk of the
1 Tobace Division of the Circuit Coult of	County, Illinois.  as filed in the Unproven Will Box of the Frooate Division of the Circuit Court of Cook County,
Illinois about	
That the total value of the estate of the deceased tenancy at the time of the death of the deceased,	, including both real and personal property owned by the deceased either individually or in joint
	33.1.13
Affiant makes this affidavit for the purpose of in property.	nducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned
Subscribed and sworn to before me by the said	$O_{\mathcal{E}_{\mathcal{E}}}$
LARGOZO JACCSON	
10	
this kit day of Many, A.D.	<u>vv</u> . /
1/1/1	Sharens Makra
Notary Public	(Affiant's Signature)

OFFICIAL SEAL
IWONA ZALEWSKA
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/23/10

Doc#: 0714334027 Fee: \$50.00 Eugene "Gene" Moore RHSP Fee:\$10.00

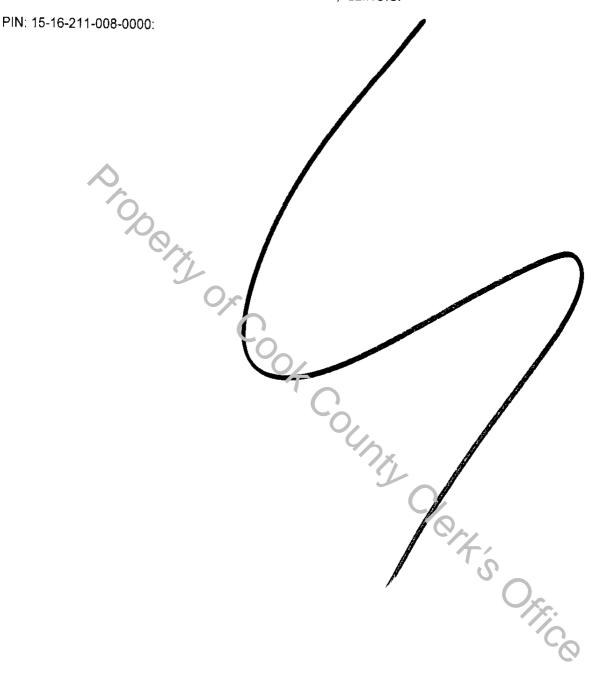
Cook County Recorder of Deeds
Date: 05/23/2007 08:51 AM Pg: 1 of 3



0714334027 Page: 2 of 3

## **UNOFFICIAL COPY**

LOT 29 IN BLOCK 2 IN SHEKLETON BROTHERS 3RD ADDITION, BEING A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



0714334027 Page: 3 of 3

## Certificate Copycora

COUNTO FEATH   STATE   COUNTY   COUNT	PARENTS   MEDICAL CERTIFICATE OF DEATH   NUMBER   PARENTS   PARE	BIRTH NO. RI		ĮΠ	REGIS DISTR	STRAT RICT N	ION O.	16-	92						STAT	E OF	ILLI	NOIS						STATE	FILE	From the way. 2.
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WASTERSON   WAST	PARENTS  PAR	BIF		BIF	RTHPL	LACE #	CITY AND					6	ь т <del>С</del>	OIL.	v G.	, IATA	UGP.	IW E	108	5 T.T	ΑL		мосні	OP/E	SP, OR INST, IND: MER. RM, INPATIE INPATTF	ICATE D.O. NT (SPECI) 'NT'
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16.   SZÉTIA   JONES   PROFINANTS NAME (TYPE OR PRINT)   PRESENTOR OR PROFINENCE OR	Information	TS FAT	S F	FAT	THER	-NAME		IRS'		MIDDL			LA	ST							S 5				(MAIDEN)	LAST
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3	3 shock or heart failure. Lin only the cause on achit this immediate Cause (Final decase or condition)  (a) Thrulle Wall tempty Mage  CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)  (b) DUE TO, ORAS A CONSECUTING OF  (c) THOU PLANT II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting in the achieving cause of in FART II. Other significant consistions contributing to death barbol resulting consistions contributing to death barbol resulting consistency cause of in FART II. Other significant cause (in FART II. Other significant consistency cause of in FART II. Other significant consistency cause cause of in FART II. Other significant consistency cause caus				3.6						<b>O</b> .						Į.	MAILING	ADDR	ĒŠŠ (Š	MALEY	ND NO. (	ORR.F.D.,	CITYORT	OWN, STATE, ZIP)	6010
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TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND DUE TO THE CAUSE IS STATED.  DATE SIGNED  MONTH, DAY, YEAR  22a. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  ITYPE OF PRINT)  21 C D SOUTH FIRST AVENUE  22b. 9 3 2 DEOL  NAME AND ADDRESS OF CERTIFIER  REPORT OF ATTENDING FINSICIANIF OTHER THANCENTIFIER  127 C D P	TOTHE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE IS STATED.  21c. 10:50  DATE SIGNED  22a. SIGNATURE  NAME AND ADDRESS OF CERTIFIER  (TYPE OF PRINT)  22a. SIGNATURE  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER  (TYPE OF PRINT)  22a. SIGNATURE  NAME STREET AND NUMBER OF R.F.D.  DISPOSITION  21c. 10:50  DATE SIGNED  (MONITH, 10)  22b. 92b. 92b. 92b. 92b. 92b. 92b. 92b.					NOT) /	ATTEND	THE	DECEA	20b. SED	(MONT	H DAY Y	(FAR)					<del>-</del> -					20c.	YES [	L NOX	
CERTIFIER  22a. SIGNATURE  MAYWOOD, ILLINOIS 60153  22b. 928/2006  MAYWOOD, ILLINOIS 60153  22c. MLQ GAVIO MAYWOOD, ILLINOIS 60153  22c. MAYWOOD, ILLINOIS 60153  22d. LINGUSLICENSE NUMBER  23.  BURIAL, CREMATION, REMOVAL (SPECIFY)  24a. Burial 24b. Oakridge  FUNERAL HOME  NAME  STREET AND HUMBER OR R.F.D. CITY OR TOWN  STATE  25a. Wallace Broadview Funeral Home 2020 Roosevelt Rd Broadview, IL 60155  FUNERAL DIRECTOR'S SIGNATURE  25b. J.	22a. SIGNATURE (TYPE OF PRINT)  22b. 928/20  NAME AND ADDRESS OF CERTIFIER (TYPE OF PRINT)  22c. ALLY SAUCIO MAYWOOD, ILLINOIS 60153  22d. 22d. 21 - 049 9  NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OF PRINT)  23.  BURIAL, CREMATION, REMOVAL (SPECIFY)  24a. Burial 24b. Oakridge 24c. Hillside, IL 24d. 10-6-01  FUNERAL HOME NAME STREET AND NUMBER OF R.F.D. CITY OR TOWN STATE  25a. Wallace Broadview Funeral Home 2020 Roosevelt Rd Broadview, IL 60155  FUNERAL DIRECTOR'S SIGNATURE  25b. ALLY ALLY ALLY ALLY ALLY ALLY ALLY ALL	<u>21a</u> .	21	<u>21a</u> .	<u>1</u> .				•	DOV.	2/01/	عماء	, , , ,	28.	20	مارح	,	4	XA, VIN	FHIND	TIFIED?	EDICAL YES/NO	O)	_		
22a. SIGNATURE  22a. SIGNATURE  22b. 928 2006  MAYWOOD, TLLINOIS 60153  22c. THEN GOVERN MAYWOOD, TLLINOIS 60153  22d. 12 - 04 93  NAME OF ATTENDING PHYSICIAN IF OTHER THANCENTIFIER (TYPE OHPRINT)  23.  BURIAL, CREMATION, REMOVAL (SPECIFY)  24a. Burrial  24b. Oakridge  FUNERAL HOME  NAME  STREET AND NUMBER OR R.F.D.  25c. 34-9351  LOCAL REGISTRAR SIGNATURE  25c. 34-9351  LOCAL REGISTRAR SIGNATURE  25c. 34-9351  DATE (MONTH, DAY, YEAR)  25c. 34-9351  LOCAL REGISTRAR SIGNATURE  25c. 34-9351  DATE (MONTH, DAY, YEAR)  25c. 34-9351  DATE FLOREY, DIRECTOR'S LINDIS LICENSE NUMBER  25c. 34-9351  LOCAL REGISTRAR SIGNATURE  25c. 34-9351  DATE (MONTH, DAY, YEAR)  25c. 34-9351  LOCAL REGISTRAR SIGNATURE  25c. 34-9351  DATE FLOREY, DIRECTOR'S LINDIS LICENSE NUMBER  25c. 34-9351  DATE (MONTH, DAY, YEAR)  25c. 34-9351  DATE FLOREY, DIRECTOR'S LINDIS LICENSE NUMBER  25c. 34-9351  LOCAL REGISTRAR (MONTH, DAY, YEAR)  26a.  VR200 (Rev. 5/89)  Jillinois Department of Public Health—Division of VP2I Records  (BASED ON 1989 U.S. STANDARD CERTIFICAT  Was established and filed in my office in accordance with the provisions of the lifting is Vyail Records Act  OCT 0 3 2006  SIGNED  27c. MAY 10 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0	226. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 928 20. 9		1						DGE, DE			EDAT	THE TIME	, DATE	ND PLAC	EAND	DUET	OTHE	CA ISE	(5) ST/	TED.				<u> </u>	DAY, YEAR
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DISPOSITION    Comparison of the death record for the decedent named at item 1, and that this design and filed in my office in accordance with the provisions of the United Street and Name of the United Street of the decedent named at item 1, and that this of the United Street and Street and Street and Street and Name of the United Street of the Street and Street of the United Street and	DISPOSITION    Comparison   Com																						P_AT'	THECOR	ONER OR MEDICA	DINTHIS LEXAMIN
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lerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the ertification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facis rerein stated.

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