

# UNOFFICIAL COPY

A07-0360 PC

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
COUNTY OF ) SS.

File Number: A07-0360

LARENZO JACKSON

being duly sworn states that he resides at 1233 N. SPRINGFIELD in the City of CHICAGO, IL 60651

That he was acquainted with BEATRICE JACKSON deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

SEE ATTACHED

**COPY**

That the deceased died 9-28-06, 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 Cook 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.

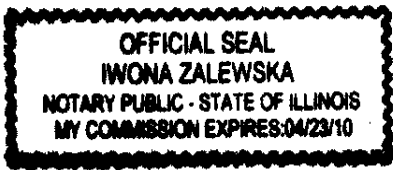
Subscribed and sworn to before me by the said

LARENZO JACKSON

this 1st day of May, A.D. 2007

[Signature]  
Notary Public

Lorenzo Jackson  
(Affiant's Signature)



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

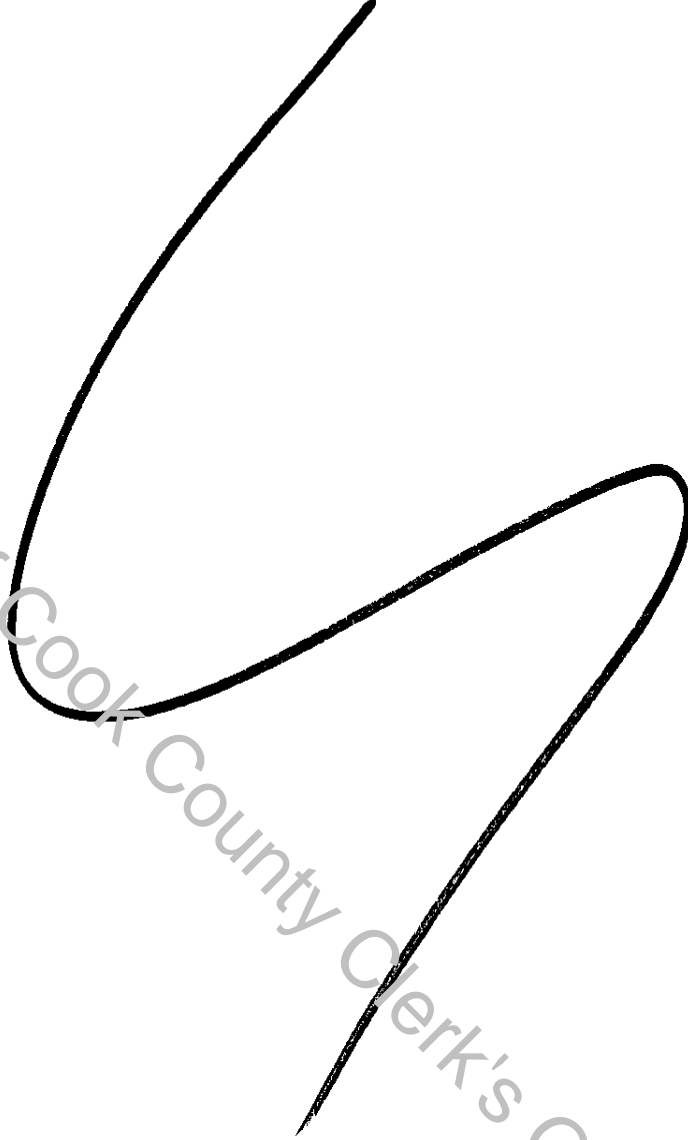


# UNOFFICIAL COPY

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.

PIN: 15-16-211-008-0000:

Property of Cook County Clerk's Office



# UNOFFICIAL COPY

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16-92</b>	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER <b>1107</b>	<b>MEDICAL CERTIFICATE OF DEATH</b>		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
	1. <b>BEATRICE JACKSON</b>		2. <b>FEMALE</b>	3. <b>SEPTEMBER 28, 2006</b>	
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. <b>COOK</b>	5a. <b>54</b>	5b. <b>5d.</b>	5c. <b>September 7, 1952</b>	5d. <b>September 7, 1952</b>
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OPHEMER. RM, INPATIENT (SPECIFY)
6a. <b>PROVISO TOWNSHIP</b>		6b. <b>FOSTER G. MCGAW HOSPITAL</b>		6c. <b>INPATIENT</b>	
A DECEASED B C D E	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. <b>SHARKEY, ILMAS</b>	8a. <b>DIVORCED</b>	8b. <b>NONE</b>		9. <b>NO</b>
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
	10. <b>427-96-9293</b>	11a. <b>Homemaker</b>	11b. <b>Home</b>	12. <b>12th</b>	College (1-4 or 5+)
	RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. <b>1019 S 31st</b>	12b. <b>BELLWOOD</b>	13. <b>YES</b>	13d. <b>COOK</b>		
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. <b>Illinois</b>	13f. <b>61014</b>	14a. <b>BLACK</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		16. <b>Ozella Jones</b>	
15. <b>William Thomas</b>					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. <b>Monique Shorter</b>		17b. <b>Daughter</b>	17c. <b>3420 Warren Ave. Apt#3 Bellwood, IL</b>		
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.					
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Intracerebral Hemorrhage</b>			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Stroke</b>			
		DUE TO, OR AS A CONSEQUENCE OF			
		(c) <b>Hypertension</b>			
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)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a.		20b.		19a. <b>No</b>	19b.
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		IF CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. <b>September 28, 2006</b>		21b. <b>No</b>		21c. <b>10:50 AM M.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.					
22a. SIGNATURE		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH, DAY, YEAR)	
22a. <i>Tracy Garcia</i>		22b. <b>2160 SOUTH FIRST AVENUE MAYWOOD, ILLINOIS 60153</b>		22b. <b>9/28/2006</b>	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. ILLINOIS LICENSE NUMBER		22d. <b>125-049322</b>	
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME	
		24a. <b>Burial</b>		24b. <b>Oakridge</b>	
FUNERAL HOME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
25a. <b>Wallace Broadview Funeral Home 2020 Roosevelt Rd Broadview, IL 60155</b>		24c. <b>Hillside, IL</b>		24d. <b>10-6-06</b>	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
25b. <i>Hermon Wallace</i>		25c. <b>34-9351</b>		26b. <b>October 3, 2006</b>	
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26a. <i>Tracy Garcia</i>	
26a. <i>Tracy Garcia</i>		26b. <b>BROADVIEW ILLINOIS 60155</b>			

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1988 U.S. STANDARD CERTIFICATE)

HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act

DATE OCT 03 2006 SIGNED Tracy Garcia

T BROADVIEW, ILLINOIS Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts herein stated.