

RECORDING REQUESTED BY:
First American Heritage Title Company
950 South Cherry Street, Suite 1400
Denver, CO 80246
AND WHEN RECORDED MAIL TO:
DELORES TURNBULL
9215 SOUTH GREENWOOD AVENUE
CHICAGO, IL 60619-7836

Deal No.: 60010907 81-842281
APN:

SPACE ABOVE THIS LINE FOR RECORDER'S USE

AFFIDAVIT - DEATH OF JOINT TENANT

STATE OF ILLINOIS)) SS.
COUNTY OF COOK)

DELORES TURNBULL of legal age being first duty sworn, deposes and says:

ELVIN TURNBULL is the decedent mentioned in the attached certified copy of Certificate of Death, and is the same person as ELVIN TURNBULL, JR., named as one of the parties in that certain deed dated 22ND DAY OF OCTOBER 1973, executed by VIRGINIA LAVERICK AND GEORGE LAVERICK to ELVIN TURNBULL, JR. AND DELORES TURNBULL, HIS WIFE, IN JOINT TENANCY, recorded on NOVEMBER 28, 1973, as Instrument No. 22556559, Official Records of COOK County, ILLINOIS describing the following real property:

Legal Description Attached Hereto as Exhibit "A"

Most Commonly Known As: 9215 SOUTH GREENWOOD AVENUE, CHICAGO, IL 60619-7836

Dated: 6-6-07 DeLores Turnbull
DELORES TURNBULL

SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said State, this 6th day of June, 2007

Signature Christina Conroy



(This area for notary stamp)

ATTACH CERTIFIED COPY OF DEATH CERTIFICATE

81-841520

UNOFFICIAL COPY

EXHIBIT "A"

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK IN THE STATE OF ILLINOIS, TO WIT:

LOTS 40 AND 41 IN BLOCK 3 IN PEARRE'S DAUPHIN PARK SUBDIVISION OF WEST HALF OF THE SOUTH EAST QUARTER OF THE NORTH EAST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 2, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATIONAL PURPOSES ONLY: THE APN IS SHOWN BY THE COUNTY ASSESSOR AS 25-02-313-006-0000; SOURCE OF TITLE IS DOCUMENT NO. 22556559 (RECORDED 11/28/73)

Proprietary Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

MAY 24 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER 602598	
MEDICAL CERTIFICATE OF DEATH					
1. DECEASED-NAME FIRST MIDDLE LAST Elvin Turnbull		2. SEX Male		3. DATE OF DEATH (MONTH, DAY, YEAR) February 06, 1994	
4. COUNTY OF DEATH Cook		5a. AGE- LAST BIRTHDAY (YRS) 55		5d. DATE OF BIRTH (MONTH, DAY, YEAR) February 19, 1938	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Trinity Medical Center		8c. DOA	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Mississippi		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) Delores Patton	
10. SOCIAL SECURITY NUMBER 333 28 0462		11a. USUAL OCCUPATION Laborer		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12th	
13a. RESIDENCE (STREET AND NUMBER) 9215 So. Greenwood		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		13c. INSIDE CITY (YES/NO) Yes	
13d. COUNTY Cook		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) Black		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES- IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY	
15. FATHER-NAME FIRST MIDDLE LAST Elvin Turnbull			16. MOTHER-NAME FIRST MIDDLE LAST Edna Mae Sheppard		
17a. INFORMANT'S NAME (TYPE OR PRINT) Delores Turnbull		17b. RELATIONSHIP Wife		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 9215 E. Greenwood Ave. Chgo. IL 60611	
18. PART I. Enter the disease, 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 (First disease or condition resulting in death)		(a) MYOCARDIAL INFARCTION			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST.		(b) HYPERTENSION CORONARY DISEASE			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19. AUTOPSY (YES/NO) NO	
21a. (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 1-31-1994		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		21c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
22a. SIGNATURE <i>Mohammed Ali</i>		22b. NAME AND ADDRESS OF CERTIFIER MOHAMMED ALI, M.D. 2301 93rd STREET CHICAGO, IL 60649		22c. DATE OF DEATH FEB 06 1994	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER MOHAMMED ALI, M.D.		24a. BURIAL CREATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY-NAME Mt. Hope	
25a. FUNERAL HOME Resthaven Memorial Chapel 2035 East 79th St. Chgo. IL 60649		24c. LOCATION CITY OR TOWN STATE Chicago IL		24d. DATE (MONTH, DAY, YEAR) 2-12-94	
25b. FUNERAL DIRECTOR'S SIGNATURE <i>W. Jerome Banks Sr.</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-8921		25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 8 1994	
26a. LOCAL REGISTRAR'S SIGNATURE <i>Joyce A. ...</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) FEB 8 1994			

81-841520