

UNOFFICIAL COPY DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

ANNA MAE JOYCE, NOW KNOWN AS ANNA MAE PERKINS

being duly sworn

states that SHE resides at 9724 S. MAPLEWOOD in the City of
EVERGREEN PARK, IL 60805

That SHE was acquainted with EDWARD W. JOYCE JR.

deceased who, at the time of HIS death, was one of the owners of the land in COOK
County, Illinois, described as:

THE SOUTH 28 FEET OF LOT 25 AND LOT 24 (EXCEPT THE SOUTH 28 FEET) IN JAMES
MCKEOWN'S DEERFIN HEIGHTS OF THE NORTH 1/2 OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE
NORTHEAST 1/4 OF SECTION 12, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD
PRINCIPAL MERIDIAN, LYING BETWEEN THE EAST RIGHT OF WAY OF BALTIMORE, OHIO, CHICAGO
TERMINAL RAILROAD AND A LINE 385 FEET EAST OF PARALELL TO SAID RIGHT OF WAY, IN
COOK COUNTY, ILLINOIS.

That the deceased died MAY 16, 1986, 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 _____ 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 \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

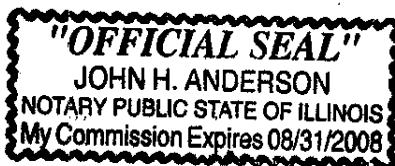
ANNA MAE JOYCE NKA ANNA MAE PERKINS

this 25 day of JUNE, A.D. 2007

John H. Anderson
Notary Public

Anna Mae Joyce
Anna Mae Perkins
(affiant's signature)

FORM 3703



Doc#: 0719347052 Fee: \$46.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/12/2007 10:51 AM Pg: 1 of 2

UNOFFICIAL COPY

338-586

STATE FILE NUMBER

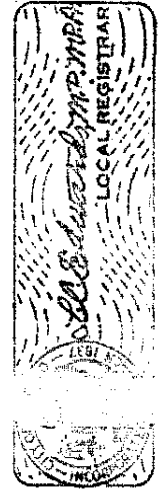
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

610168

MAY 19 1986

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

I, LONNIE C. EDWARDS M.D. M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SEAL AND BLUE SIGNATURE ARE AFFIXED

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS	DATE OF DEATH (MONTH, DAY, YEAR) MAY 16, 1986
DECEASED - NAME FIRST MIDDLE LAST EDWARD W. JONCE SR.	SEX 2. MALE	DATE OF BIRTH (MO., DAY, YEAR) MAY 16, 1986
RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4b. IRISH	UNDER 1 YEAR UNDER 1 DAY HOURS MIN. 5b. 52	COUNTY OF DEATH COOK
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7b. CHICAGO	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. MICHAEL BEESE	IF HOSP. OR INST. INDICATE DOA, OPENER, RM, INPATIENT (SPECIFY) 7d. D.O.A
CITIZEN OF WHAT COUNTRY 8. ILLINOIS	MARRIED 10. MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11. ANNA MAE HALTON
USUAL OCCUPATION 12. 345-28-0328 SUPERVISOR	KIND OF BUSINESS OR INDUSTRY 13b. RHEEM MFG.	WAR OR DATES OF SERVICE 13c. YES 13d. KOREAN
RESIDENCE STREET AND NUMBER 14b. 9724 S. MAPLEWOOD	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14c. YES	COUNTY 14d. COOK
FATHER - NAME FIRST MIDDLE LAST WALTER M. JOYCE	MOTHER - MAIDEN NAME 16. ANNA E. WLETZKE	STATE 14e. ILLINOIS
INFORMANT'S NAME (TYPE OR PRINT) 17a. ANNA MAE JOYCE	RELATIONSHIP 17b. WIFE	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP) 17c. 9724 S MAPLEWOOD EVERGREEN PARK, ILL
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		
(a) Multiple Infarction		
(b) Fall		
(c) OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) 19b. YES 19c. NO		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) AUTOPSY (YES/NO) 19b. YES 19c. NO		
ACCIDENT, SUICIDE, HOMICIDE OR UNDETERMINED (SPECIFY) 20a. Accident	DATE OF INJURY (MONTH, DAY, YEAR) 20b. May 16, 86	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I (a) OR (b) IN ITEM 11) 20c. 9:40p. Baseball
PLACE OF INJURY AT HOME, FARM, STREET (YES/NO) 20d. No	CITY, VIL., OR TWP. OR RD. DIST. NO. 20e. Chicago IL	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO 20h. NO
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		
MEDICAL EXAMINER'S SIGNATURE 21a. [Signature]		DATE SIGNED (MONTH, DAY, YEAR) 21c. 10:05p M.
MUNICIPAL CEMETERY, CREMATORY - NAME 24a. HOLY SEPULCHRE		
CITY OR TOWN 24c. WORTH, ILLINOIS		
DATE (MONTH, DAY, YEAR) 24d. MAY 20, 1986		
FURNAL HOME NAME 25a. HORNBERG-KLEIN EVERGREEN 2955 West 95th St.		
CITY OR TOWN 25b. CHICAGO, ILLINOIS		
ZIP 25c. 60642		
FUNERAL DIRECTOR'S SIGNATURE 25d. [Signature]		
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25e. F-6210		
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		
DATE (MONTH, DAY, YEAR) 26b. MAY 19 1986		