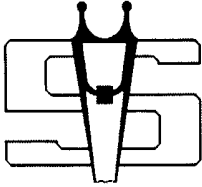


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



Doc#: 0720605193 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/25/2007 12:55 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF)

SS.

STCI File Number: 534638

Esther L. Hodges
being duly sworn states that ~~she~~ Esther L. Hodges resides at 804 S. Forrestville in the City of Chicago

That I was acquainted with Sidney E. Hodges deceased who, at the time of death, was one of the sworn of the land in _____ County, Illinois, describes as:

See Attached Legal Description

That the deceased died April 28, 1996, as evidenced by a certified copy of death certificate of the deceased attached hereto.

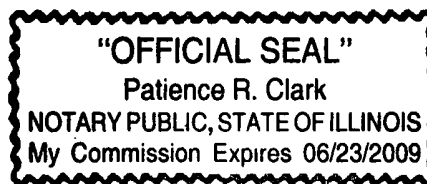
- That the deceased died: Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament 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 180,000.00 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

Esther L. Hodges
this 12th day of July, A.D. 2007.



Notary Public

* Esther L. Hodges
(Affiant's Signature)

3K9

DEPARTMENT OF PUBLIC HEALTH
UNOFFICIAL COPY

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY - 1 1996

L SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILL BIRTHS AND DEATHS FOR 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 OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER: 607597

DECEASED-NAME: SIDNEY E. HODGES

AGE-LAST BIRTHDAY: 80

DATE OF DEATH: April 28, 1996

SEX: Male

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago

HOSPITAL OR OTHER INSTITUTION-NAME: Holy Cross Hospital

DATE OF BIRTH: August 29, 1915

IF HOSP. OR INST. INDICATE DOA, OPER. RM, INPATIENT (SPECIFY): Inpatient

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, Illinois

6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married

7. Iyka, Mi ss.

8a. SOCIAL SECURITY NUMBER: 412-12-4773

8b. NAME OF SURVIVING SPOUSE (M, MRS, NAME, & WIFE): Esther L. Randle

8c. USUAL OCCUPATION: Operator

9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): Yes

10. RESIDENCE (STREET AND NUMBER): 8132 S. Morgan

11. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago

12. EDUCATION (SPECIFY GRADE COMPLETED): High School

13a. STATE: Illinois

13b. RACE (WHITE, BLACK, AMERICAN INDIAN, (SPECIFY)): Black

13c. INSIDE CITY (YES/NO): Yes

13d. COUNTY: Cook

14a. MOTHER-NAME: Hodges

14b. SEX: Male

14c. SPECIFY: Middle

15. INFORMANT'S NAME (TYPE OR PRINT): Esther Hodges

16. RELATIONSHIP: Wife

17. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 8132 S. Morgan, Chicago, IL, 60620

18. PART I. Immediate Cause (Final disease or condition resulting in death): (b) Chronic Obstructive Pulmonary Disease

19. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST:

(a) DUE TO, OR AS A CONSEQUENCE OF

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other (Secondary) 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: 3-6-96

20c. AUTOPSY (YES/NO): NO

20d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO

20e. HOUR OF DEATH: 10:05 A.M.

21. (1) DID (YOU) NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: 3-6-96

21b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: B.G. Shreevivas

22b. NAME AND ADDRESS OF CERTIFIER: B. G. SHREEVIVAS, M.D., 6084 South Archer, Chicago, Illinois, 60638

22c. ILLINOIS LICENSE NUMBER: 036 053085

22d. DATE SIGNED: 4-29-96

22e. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH BY A CORNER OR MEDICAL EXAMINER, MUST BE NOTIFIED.

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation

23a. CEMETERY OR CREMATORY-NAME: Cremation Services

23b. CITY OR TOWN: Rosemont, Illinois

23c. STATE: Illinois

23d. DATE (MONTH, DAY, YEAR): 24d May 1, 1996

23e. FUNERAL HOME: Alternative Funeral Services 7751 West Irving Park Road, Chicago, IL, 60634

24. FUNERAL DIRECTOR'S SIGNATURE: [Signature]

24a. LOCAL REGISTRAR'S SIGNATURE: [Signature]

24b. LOCAL REGISTRAR'S SIGNATURE: [Signature]

24c. LOCAL REGISTRAR'S SIGNATURE: [Signature]

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LEGAL DESCRIPTION

LOT 10 IN BLOCK 2 IN HOMELAND HEIGHTS, A SUBDIVISION IN THE NORTHEAST 1/4 OF SECTION 32,
TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

Property of Cook County Clerk's Office