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Doc#: 0720757038 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/26/2007 09:38 AM Pg: 1 of 3

STATE OF ILLINOIS)
) SS.
COUNTY OF WILL)

AFFIDAVIT RE: DECEASED JOINT TENANT

NOW COMES THE AFFIANT,
Bruce E Davis, SR.,
being first duly sworn on oath, states as follows:

1. That the affiant, Bruce E. Davis, SR.,
Was the Husband of the Decedent,
Barbara Davis.
2. That the Decedent Barbara Davis,
Died on 5/29/06, as evidenced
By Attached Death Certificate.
3. That the Decedent Barbara Davis,
At the time of his/her death was one of the owners
Of the land in Cook County, Illinois.

Legal Description: See Attachment
Commonly known as: 16901 Blue Heron Dr.
Oakland Park IL 60467
PIN. NO. 27-29-209-010-0000

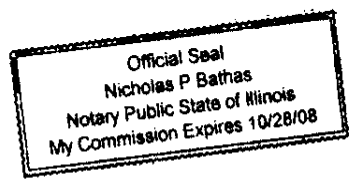
4. That the total value of the estate of said Decedent
Barbara Davis, is not subject to State of
Illinois Inheritance Tax and Federal Estate Tax.

Further the Affiant, Bruce E. Davis, SR., saith naught.

Bruce E. Davis SR

Prepared By and Mail To:
Nicholas P. Bathas
1304 Dunrobin Road
Naperville, IL 60540

Subscribed and Sworn to before me 2007
The 10th day of July, 2006
Nicholas P. Bathas
Notary Public



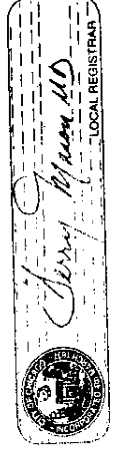
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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 2 2006

I, TERRY MASON M.D., 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 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 ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER

607776

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME BARBARA DAVIS	FIRST BARBARA	MIDDLE	LAST DAVIS	SEX 2. FEMALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MAY 29, 2006
COUNTY OF DEATH COOK	AGE-LAST BIRTHDAY (Y/M/D) 5a. 64	UNDER 1 YEAR 5b. 4	UNDER 1 DAY 5c. 5	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUG 6 - 1941	IF HOSP. OR INST. INDICATE C.O.A. (OP/EMER. RM. INPATIENT (SPECIFY)) 6c. INPATIENT
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. THE UNIVERSITY OF CHICAGO HOSPITALS				WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO) 9. NO
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Hartselle, AL	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Bruce Davis				HIGHEST GRADE COMPLETED College (1-4 or 5 +) 12. 12
SOCIAL SECURITY NUMBER 416-56-6835	USUAL OCCUPATION 11a. President	KIND OF BUSINESS OR INDUSTRY 11b. Unique Office Service	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
RESIDENCE (STREET AND NUMBER) 16901 Blue Heron	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Orland Park	OF HISPANIC ORIGIN? (SPECIFY NO/YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. <input type="checkbox"/> No <input type="checkbox"/> Yes	MOTHER-NAME (MAIDEN) (LAST) 16. Knewtlic Bell	RELATIONSHIP (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. HOSPITAL RECORDS 17c. CHICAGO, ILLINOIS 60637	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN) 14a. Black	14b. <input type="checkbox"/> No <input type="checkbox"/> Yes	MIDDLE 16. Knewtlic Bell	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. CHICAGO, ILLINOIS 60637	
FATHER-NAME Shelvie Williams Sr.	ZIP CODE 13f. 60467	14b. <input type="checkbox"/> No <input type="checkbox"/> Yes	16. Knewtlic Bell	17c. CHICAGO, ILLINOIS 60637	
INFORMANT'S NAME (TYPE OR PRINT) KRISTINE COLVIN	13g. Illinois	14a. Black	16. Knewtlic Bell	17c. CHICAGO, ILLINOIS 60637	
17a. KRISTINE COLVIN	13f. 60467	14a. Black	16. Knewtlic Bell	17c. CHICAGO, ILLINOIS 60637	
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) CANCER	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.				
(b) DUE TO, OR AS A CONSEQUENCE OF					
(c) DUE TO, OR AS A CONSEQUENCE OF					
19a. AUTOPSY (YES/NO)	19b. NO				
19c. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?	20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
20a. DATE OF OPERATION, IF ANY	20b. MAJOR FINDINGS OF OPERATION				
20b. (T/D) (DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)	20c. HOUR OF DEATH 21c. 4:35 A. M.				
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	21b. NO				
22a. SIGNATURE	22b. DATE SIGNED (MONTH, DAY, YEAR) MAY 30, 2006				
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DEVIKA GAJRIA, MD	22c. ILLINOIS LICENSE NUMBER 125-049714				
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) MICHAEL O'CONNOR, MD	22d. DATE OF DEATH (MONTH, DAY, YEAR) MAY 29, 2006				
23. BUREAU OF VITAL RECORDS	23a. NAME AND ADDRESS OF REGISTER (TYPE OR PRINT) Calahan Funeral Home 7030 S. Halsted St. Chicago, Illinois 60621				
24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. DATE (MONTH, DAY, YEAR) June 5, 2006				
24b. FUNERAL HOME	24c. CITY OR TOWN, STATE, ZIP Chicago, Illinois 60621				
25a. FUNERAL DIRECTOR'S SIGNATURE	25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014943				
25b. LOCAL REGISTRAR'S SIGNATURE	25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 2 2006				
26a. LOCAL REGISTRAR'S SIGNATURE	26b. DATE (MONTH, DAY, YEAR) JUN 2 2006				

UNOFFICIAL COPY

Bruce E. Davis, Sr.

Address: 16901 Blue Heron Dr.
Orland Park, IL 60467

Pin. No. 27-29-209-010-0000

LEGAL DESCRIPTION

LOT 31 MALLARD LANDINGS UNIT ONE, BEING A SUBDIVISION OF PART OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 29, TOWNSHIP 36 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.