

UNOFFICIAL COPY

CARRINGTON TITLE

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 0729257068 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/19/2007 11:11 AM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

RM to:
Carrington Title Corp.
455 East Illinois Street
Suite 363
Chicago, Illinois 60611

CARRINGTON TITLE FILE: 2007-00684

I, John Carpenter, the undersigned, being duly sworn states that I reside at 1507 E. 76th St., in the City of Chicago, IL.

That I was acquainted with Loce L. Carpenter deceased, who at the time of death, was one of the owners of the land in Cook County, Illinois, commonly known as: And legally described as follows, to wit:

(SEE ATTACHED LEGAL DESCRIPTION)

That the deceased died September 11, 2005, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

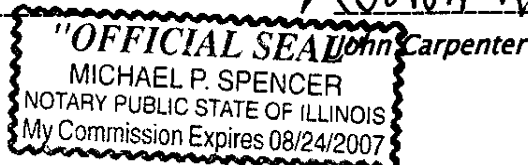
- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament which was filed in 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 death of the deceased, does not exceed the sum of 30,000.00 dollars.

Affiant makes this affidavit for the purposes of inducing Carrington Title Corp., a policy issuing Agent for First American Title Insurance Company through its division The Talon Group, to issue its title insurance commitment(s) and policy(ies) describing the above mentioned property.

Subscribed and sworn to me by the said affiant, John Carpenter for the uses and purposes set forth therein, this 20th day of August, 2007.

Notary Public



John Carpenter

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MEDICAL CERTIFICATE OF DEATH

REGISTERED NUMBER	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH	(MONTH, DAY, YEAR)
	Cora	I.	Carpenter	2	Female	September 11, 2005	
1.	COUNTY OF DEATH	AGE-LAST BIRTHDAY	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH	(MONTH, DAY, YEAR)	
	Cook	59	78	59	October 26, 1926		
4.	CITY, TOWN, TWP., OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION	NAME OF NOT WITNESS	GIVE STREET AND NUMBER			
		Advocate Christ Medical Center	John H. Carpenter	86 Inpatient			
6a.	Oak Lawn	BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY	NAME OF SURVIVING SPOUSE	(MAIDEN NAME, IF WIFE)			
	Shelbyville, TN	Married	John H. Carpenter				
7.	SOCIAL SECURITY NUMBER	USUAL OCCUPATION					
		Home Maker					
10.	RESIDENCE (STREET AND NUMBER)						
	1507 E. 76th Street						
13a.	STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)					
	Illinois	Black					
13b.	CITY, TOWN, TWP., OR ROAD DISTRICT NO.						
	Chicago						
13c.	INSIDE CITY (YES/NO)	13d.	COUNTY				
	Yes	Chicago					
14.	FATHER-NAME	FIRST	MIDDLE	LAST			
	Thomas	Abernathy	Gertrude	Sheffield			
15.	INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. BOX OR TOWN, STATE, ZIP)				
	Mark E. Mills	Grandson	17c. 8956 S. Escanaba	Chicago, IL 60617			
18.	PART I. Immediate Cause (Final disease or condition resulting in death)	PART II. Other significant conditions contributing to death or death resulting in the underlying cause (PART I).					
	(a) Sepsis Syndrome	(b) Probable Osteomyelitis					
	(c) Spinal Cord Edema						
	CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STAYING THE UNDERLYING CAUSE LAST:						
	DATE OF OPERATION, IF ANY	20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS	20c.	YES	NO	
	WAS CORNER OR MEDICAL EXAMINER NOTIFIED (YES/NO)	21b.	HOUR OF DEATH	21c.	DATE SIGNED	(MONTH, DAY, YEAR)	
	Yes	No	1:32	A. M.	09-11-05		
	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)	22a.	ILLINOIS LICENSE NUMBER				
	Faithan Shams	60616					
	NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)	22c.	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
	Faithan Shams	036-098448					
23.	BURIAL CREMATION, REMOVAL (SPECIFY)	24a.	CEMETERY OR CREMATION NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)
	Burial	St. Peter	Chicago	Illinois	Chicago	Illinois	Sept. 17, 2005
24b.	FUNERAL HOME	25.	FUNERAL DIRECTOR'S SIGNATURE	26.	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
		William Jordan	034-011937				
28.	LOCAL REGISTRAR'S SIGNATURE	29.	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	30.	REGISTERED		
	Ashid Orr	SEP 14 2005					

Type or Print in PERMANENT INK See Funeral Director, Hospital or Physicians Manual for INSTRUCTIONS

A
DECEASED
B
C
D
E

PARENTS
1
2
3

CAUSE
4
5
N
P

CERTIFIER
c.s.
DISPOSITION

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LOTS 22 AND 23 IN BLOCK 1 IN OAKLAND BEING A SUBDIVISION OF THE SOUTH EAST QUARTER OF THE NORTH EAST QUARTER OF THE SOUTH EAST QUARTER OF SECTION 26, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 1507 East 76th Street; Chicago, IL 60619
PIN Number: 20-26-415-002

Property of Cook County Clerk's Office