

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT



Doc#: 0731347151 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/09/2007 02:19 PM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

Order No. _____

Elizabeth J Singleton being duly sworn states that I

For Recorder's use only

resides at 11259 S. Green ST
in the COO of Chicago, County of COOK, State of Illinois

That she was acquainted with Dovic A. Laird deceased who, at the time of her death was one of the owners of the land in COOK County, Illinois, legally described as:

P.I.N. 25-20-212-07-0000
Common Address: 11259 S. Green Street

That the deceased died September 23, 2007, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died: September 23, 2007

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 _____

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

Elizabeth J Singleton
AFFIANT

Subscribed and sworn to before me by the said

Elizabeth J Singleton as affiant
this 9th day of NOV, A.D. 2007

Nichelle Stampley
NOTARY PUBLIC



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LOT 1 in Block 12 in ~~Block~~ addition to
Sheldon Heights West being a subdivision of
Part of the East $\frac{1}{2}$ of the North East $\frac{1}{4}$ of
Section 20, Township 37 North, Range
14 East of the Third Principal Meridian,
in Cook County, Illinois

Property of Cook County Clerk's Office

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

612783

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 26 2007

I, **TERESA 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 16.10	DECEASED-NAME DOVIE ANN LAIRD	DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 23, 2007
REGISTERED NUMBER	SEX FEMALE	DATE OF BIRTH (MONTH, DAY, YEAR) SEPTEMBER 19, 1923
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO	UNDER 1 DAY HOURS MIN 84	IF HOSP. OR INST. INDICATE D.O.A. OPENER, RM, INPATIENT (SPECIFY) INPATIENT
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) COLUMBIA, TN.	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ROSELAND COMMUNITY HOSPITAL	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO
SOCIAL SECURITY NUMBER 413380466	MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) DIVORCED	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5+)
RESIDENCE (STREET AND NUMBER) 11259 S GREEN	USUAL OCCUPATION MACHINE OPERATOR	INSIDE CITY (YES/NO) YES
STATE Illinois	KIND OF BUSINESS OR INDUSTRY FACTORY	COUNTY COOK
FATHER-NAME FIRST MIDDLE LAST ROBERT GREEN	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	(MAIDEN) LAST BAILLY
INFORMANT'S NAME (TYPE OR PRINT) ELIZABETH SINGLETON	RELATIONSHIP DAUGHTER	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17611259 S. GREEN CHICAGO, IL 60643
IMMEDIATE CAUSE (Final disease or condition resulting in death) White ligo cardiac infarction	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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7 days
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Due to, or as a consequence of	Enter the conditions, if any, which give rise to the immediate cause, stating the underlying cause last.	WAS AUTOPSY PERFORMED PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO
MAJOR FINDINGS OF OPERATION	DATE OF OPERATION, IF ANY	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9-23-07	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO	HOUR OF DEATH 7:10 P.M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.	DATE OF DEATH (MONTH, DAY, YEAR) 9-24-07	DATE SIGNED (MONTH, DAY, YEAR)
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) DR. PANCHO DEGAN, 2000 S. MICHIGAN, CHICAGO, IL	ILLINOIS LICENSE NUMBER	LOCAL REGISTRAR
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	DATE (MONTH, DAY, YEAR) 9-28-07	STATE IL
BURIAL CEMETERY OR CREMATORY-NAME PINECREST MEM. GARDEN	CITY OR TOWN COLUMBIA, TN	ZIP 3703
STREET AND NUMBER OR R.F.D. 10133 S HALSTED ST	CITY OR TOWN CHICAGO, IL	ZIP 60628
FUNERAL HOME	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-14703	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 26 2007
FUNERAL DIRECTOR'S SIGNATURE Adyane Toyer	LOCAL REGISTRAR'S SIGNATURE Teressa Mason M.D.	