

UNOFFICIAL COPY



CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0732522104 Fee: \$30.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 11/21/2007 03:49 PM Pg: 1 of 4

Property of Cook County Clerk's Office

State of Illinois )  
County of ) ss.

Order No. \_\_\_\_\_

NATHAN WHITE being duly sworn states that HE resides at 9110 S Euclid Ave. in the City of Chicago.

That HE was acquainted with REATHA WHITE deceased who, at the time of HER death, was one of the owners of the land in COOK County, Illinois, described as:

9110 S Euclid Ave Chicago, IL 60617  
SEE ATTACHED LEGAL DESCRIPTION

That the deceased died DECEMBER 19, 2003, 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 \$50,000.00 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

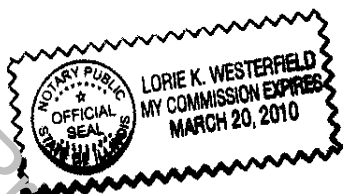
**UNOFFICIAL COPY**

Mr. Nathan White  
this 23<sup>rd</sup> day of OCTOBER, A.D. 2007

Mr. L. West  
Notary Public

Nathan White  
(affiant's signature)

NATHAN WHITE



Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## CERTIFICATION OF VITAL RECORD

### HARVEY, ILLINOIS DISTRICT 16.34

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.34</b>	STATE OF ILLINOIS	STATE FILE NUMBER
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>	
DECEASED-NAME FIRST MIDDLE LAST <b>REATHA WHITE</b>		SEX <b>2. FEMALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. 12-19-03</b>
COUNTY OF DEATH <b>4. Cook</b>		AGE-LAST BIRTHDAY (Y/M) <b>6a. 70</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>5d. June 8, 1933</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. Harvey</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>5b. Ingalls Memorial Hospital</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. PARKINS, ARK</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE) <b>8b. Nathan White</b>
SOCIAL SECURITY NUMBER <b>9. 33-28-3588</b>		USUAL OCCUPATION <b>11a. HOMEMAKER</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. AT HOME</b>
RESIDENCE (STREET AND NUMBER) <b>13a. 9110 So. Euclid Av.</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. Chicago</b>	INSIDE CITY (YES/NO) <b>13c. Yes</b>
STATE <b>13a. ILLINOIS</b>		ZIP CODE <b>13l. 60617</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, HAWAIIAN) <b>14a. Black</b>
FATHER-NAME FIRST MIDDLE LAST <b>15. Dewey Tucker</b>		MOTHER-NAME FIRST MIDDLE (MARRIED) LAST <b>18. Lonie Sullivan</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Nathan White</b>		RELATIONSHIP <b>17b. Husband</b>	MAILING ADDRESS (STREET AND NO., OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 9110 S. Euclid Av. Chicago IL 60617</b>
18. PART I		Enter the cause of death on conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or fall.	
Immediate Cause (Final disease or condition resulting in death)		<b>(a) ATHEROSCLEROTIC HEART DISEASE</b>	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		<b>(b) DUE TO, OR AS A CONSEQUENCE OF</b>	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause (as in PART I)		<b>SEPSIS</b>	
<b>RENAL FAILURE, HEART FAILURE, DIABETES, HYPERTENSION, ENCEPHALOPATHY</b>		ANTOPSY (YES/NO) <b>19a. No</b>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>19b. NO</b>
DATE OF OPERATION, IF ANY <b>20a.</b>		MAJOR FINDINGS OF OPERATION <b>20b.</b>	
19. (10d) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a. 12-17-03</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. No</b>	HOUR OF DEATH <b>21c. 11:00 AM</b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO (a) AND (b) STATED.		DATE SIGNED (MONTH, DAY, YEAR) <b>22b. December 19, 2003</b>	
SIGNATURE <b>22a. S. Joag</b>		ILLINOIS LICENSE NUMBER <b>22c. 036-107309</b>	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>22a. SANJAY V. JOAG 10718 S. EWING AVE CHICAGO IL 60617</b>		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) <b>22c.</b>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>24a. BURLAL</b>		CEMETERY OR CREMATORY-NAME <b>24b. MT HOPE CEMETERY</b>	LOCATION CITY OR TOWN STATE <b>24c. CHICAGO ILLINOIS</b>
FUNERAL HOME <b>25a. DOTY NASH FUNERAL HOME - 8620 S. STONY ISLAND AVE. CHICAGO ILLINOIS 60617</b>		DATE (MONTH, DAY, YEAR) <b>24d. DEC. 27, 2003</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>25b. [Signature]</b>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>25c. 091-008189</b>	
LOCAL REGISTRAR'S SIGNATURE <b>26a. [Signature]</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. DEC. 26 2003</b>	

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

### CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D25298

DATE ISSUED **DEC 26 2003**

ISSUED AT:  
CITY OF HARVEY  
15320 SO. BROADWAY AVE.  
ILLINOIS 60426

**[Signature]**  
MADLYN L. DAVIS  
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.

250130606270022821506

UNOFFICIAL COPY

1960 DIVISION

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS  
PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

280 VOLUME [REDACTED]

AREA SUB-AREA BLOCK PARCEL TAX CODE  
25- 01- 306- 62 7002

STONY ISLAND HTS SUB  
SUB OF  
(EX S 7FT)  
S 14ET

SEC.	TOWN	RANGE	LOT	SUB-LOT	LOT	BLOCK
1	37	14				19
						20

AREA	SUB AREA	BLOCK	PARCEL	CODE	WAR-RANT	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX
00	00	00	00	00	00	00	00	00
01	01	01	01	01	01	01	01	01
02	02	02	02	02	02	02	02	02
03	03	03	03	03	03	03	03	03
04	04	04	04	04	04	04	04	04
05	05	05	05	05	05	05	05	05
06	06	06	06	06	06	06	06	06
07	07	07	07	07	07	07	07	07
08	08	08	08	08	08	08	08	08
09	09	09	09	09	09	09	09	09
10	10	10	10	10	10	10	10	10
11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18
19	19	19	19	19	19	19	19	19
20	20	20	20	20	20	20	20	20
21	21	21	21	21	21	21	21	21
22	22	22	22	22	22	22	22	22
23	23	23	23	23	23	23	23	23
24	24	24	24	24	24	24	24	24
25	25	25	25	25	25	25	25	25
26	26	26	26	26	26	26	26	26
27	27	27	27	27	27	27	27	27
28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31	31
32	32	32	32	32	32	32	32	32
33	33	33	33	33	33	33	33	33
34	34	34	34	34	34	34	34	34
35	35	35	35	35	35	35	35	35
36	36	36	36	36	36	36	36	36
37	37	37	37	37	37	37	37	37
38	38	38	38	38	38	38	38	38
39	39	39	39	39	39	39	39	39
40	40	40	40	40	40	40	40	40
41	41	41	41	41	41	41	41	41
42	42	42	42	42	42	42	42	42
43	43	43	43	43	43	43	43	43
44	44	44	44	44	44	44	44	44
45	45	45	45	45	45	45	45	45
46	46	46	46	46	46	46	46	46
47	47	47	47	47	47	47	47	47
48	48	48	48	48	48	48	48	48
49	49	49	49	49	49	49	49	49
50	50	50	50	50	50	50	50	50
51	51	51	51	51	51	51	51	51
52	52	52	52	52	52	52	52	52
53	53	53	53	53	53	53	53	53
54	54	54	54	54	54	54	54	54
55	55	55	55	55	55	55	55	55
56	56	56	56	56	56	56	56	56
57	57	57	57	57	57	57	57	57
58	58	58	58	58	58	58	58	58
59	59	59	59	59	59	59	59	59
60	60	60	60	60	60	60	60	60
61	61	61	61	61	61	61	61	61
62	62	62	62	62	62	62	62	62
63	63	63	63	63	63	63	63	63
64	64	64	64	64	64	64	64	64
65	65	65	65	65	65	65	65	65
66	66	66	66	66	66	66	66	66
67	67	67	67	67	67	67	67	67
68	68	68	68	68	68	68	68	68
69	69	69	69	69	69	69	69	69
70	70	70	70	70	70	70	70	70
71	71	71	71	71	71	71	71	71
72	72	72	72	72	72	72	72	72
73	73	73	73	73	73	73	73	73
74	74	74	74	74	74	74	74	74
75	75	75	75	75	75	75	75	75
76	76	76	76	76	76	76	76	76
77	77	77	77	77	77	77	77	77
78	78	78	78	78	78	78	78	78
79	79	79	79	79	79	79	79	79
80	80	80	80	80	80	80	80	80
81	81	81	81	81	81	81	81	81
82	82	82	82	82	82	82	82	82
83	83	83	83	83	83	83	83	83
84	84	84	84	84	84	84	84	84
85	85	85	85	85	85	85	85	85
86	86	86	86	86	86	86	86	86
87	87	87	87	87	87	87	87	87
88	88	88	88	88	88	88	88	88
89	89	89	89	89	89	89	89	89
90	90	90	90	90	90	90	90	90
91	91	91	91	91	91	91	91	91
92	92	92	92	92	92	92	92	92
93	93	93	93	93	93	93	93	93
94	94	94	94	94	94	94	94	94
95	95	95	95	95	95	95	95	95
96	96	96	96	96	96	96	96	96
97	97	97	97	97	97	97	97	97
98	98	98	98	98	98	98	98	98
99	99	99	99	99	99	99	99	99
00	00	00	00	00	00	00	00	00

Property of Cook County Clerk's Office

9110 S ENCLID  
CHICAGO, IL 60617