

SURVIVING JOINT TENANCY AFFIDAVIT

UNOFFICIAL COPY



STATE OF ILLINOIS }  
COUNTY OF COOK }

Doc#: 0734011071 Fee: \$50.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 12/06/2007 10:43 AM Pg: 1 of 3

AFFIANT: MICHAEL BROWN

BEING DULY SWORN STATES

THAT (HE/SHE) MICHAEL BROWN  
RESIDES AT 2032 SEQUOIA  
IN THE CITY OF LYNWOOD, IL

THAT (HE/SHE) HE WAS AQUAINTED  
WITH ANGELA G. BROWN  
DECEASED, WHO AT THE TIME OF DEATH, WAS ONE OF THE OWNERS OF  
THE LAND IN COOK COUNTY, ILLINOIS, DESCRIBED  
AS:

SEE ATTACHED EXHIBIT "A"

THAT THE DECEASED DIED ON (DATE) OCTOBER 31, 2003, AS  
EVIDENCED BY A CERTIFIED COPY OF DEATH CERTIFICATE OF THE  
DECEASED ATTACHED HERETO.

THAT THE TOTAL VALUE OF THE ESTATE OF THE DECEASED, INCLUDING  
BOTH REAL AND PERSONAL PROPERTY OWNED BY THE DECEASED, DOES  
NOT EXCEED THE SUM OF \$ 180,000 DOLLARS.

AFFIANT MAKES THIS AFFIDAVIT FOR THE PURPOSE OF  
INDUCING: \_\_\_\_\_ . TO VEST TITLE,  
IN \_\_\_\_\_, SOLELY AND TO ISSUE ITS TITLE  
INSURANCE POLICY, DESCRIBING THE ABOVE MENTIONED PROPERTY.

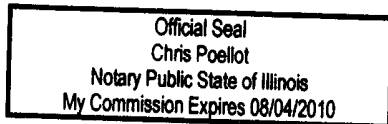
SUBSCRIBED AND SWORN BEFORE ME:

THIS 20<sup>TH</sup> DAY OF NOVEMBER, A.D. 2007

Chris Poellot  
NOTARY PUBLIC

Michael Brown  
(AFFIANT'S SIGNATURE)

38



BOX 334 CTI

5424203 REC 1/2 CTI

**UNOFFICIAL COPY**STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

NOV 04 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

NOV 17 2003

*David Orr*  
COUNTY CLERK

BENEFITS CENTER

STATE OF ILLINOIS  
MEDICAL CERTIFICATE OF DEATH

|   |  |   |  |
|---|--|---|--|
| DECEDENT'S BIRTH NO.  | REGISTRATION DISTRICT NO. <b>16.0</b>            | STATE OF ILLINOIS   | STATE FILE NUMBER  |
| REGISTERED NUMBER   |  | <b>MEDICAL CERTIFICATE OF DEATH</b>   |  |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS   |  | DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)                            |  |
| 1. <b>Angela G. Brown</b>   |  | 2. <b>F</b> <b>October 31, 2003</b>   |  |
| COUNTY OF DEATH   |  | AGE - LAST BIRTHDAY (YRS) MOS DAYS  | UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)                                  |
| 4. <b>COOK</b>  |  | 5a. <b>51</b>   | 5b. <b>51</b> 5c. <b>9-16-52</b>   |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  |  | HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)                   |  |
| 6a. <b>Hazel Crest</b>  |  | 6b. <b>South Suburban Hospital</b>  |  |
| BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)   | NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)   |
| 7. <b>Cleveland, Oh.</b>  |  | 8a. <b>Married</b>  | 8b. <b>Michael Brown</b>   |
| SOCIAL SECURITY NUMBER  |  | USUAL OCCUPATION  | KIND OF BUSINESS OR INDUSTRY   |
| 10. <b>359-44-8789</b>  |  | 11a. <b>Sales Clerk</b>   | 11b. <b>Sears</b>  |
| RESIDENCE (STREET AND NUMBER)   |  | CITY, TOWN, TWP. OR ROAD DISTRICT NO.   | EDUCATION (SPECIFY ON Y, HIGHEST GRADE COMPLETED)  |
| 13a. <b>20132 S. Sequoia</b>  |  | 13b. <b>Lynwood</b>   | 12. <b>-12-</b> 13c. <b>01-</b>  |
| STATE ZIP CODE  |  | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)  | OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) |
| 13d. <b>Illinois 60411</b>  |  | 14a. <b>Black</b>   | 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:          |
| FATHER - NAME FIRST MIDDLE LAST   |  | MOTHER - NAME FIRST MIDDLE (MAIDEN, LAST)   |  |
| 15. <b>James Wallace Hall</b>   |  | 16. <b>Roberta Mayfield</b>   |  |
| INFORMANT'S NAME (TYPE OR PRINT)  |  | RELATIONSHIP  | MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN STATE ZIP)                            |
| 17a. <b>Michael Brown</b>   |  | 17b. <b>Husband</b>   | 17c. <b>20132 S. Sequoia Lynwood, Il. 60411</b>  |
| 18. PART I. 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. |  |   |  |
| Immediate Cause (Final disease or condition resulting in death)   |  | APPROXIMATE INTERVAL OF TIME BETWEEN DEATH  |  |
| → (a) <b>Right lung carcinoma</b>   |  |   |  |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  |  |   |  |
| (b) _____   |  |   |  |
| (c) _____   |  |   |  |
| PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  |  |   |  |
| DATE OF OPERATION, IF ANY   |  | MAJOR FINDINGS OF OPERATION   | WAS AUTOPSY PERFORMED AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO)             |
| 20a. _____  |  | 20b. _____  | 19a. <b>Yes</b> 19b. <b>Yes</b>  |
| (WHO DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON)   |  | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)  | HOUR OF DEATH  |
| 21a. <b>10-30-2003</b>  |  | 21b. <b>No</b>  | 21c. <b>12:30A</b> M.  |
| TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.   |  | DATE SIGNED (MONTH, DAY, YEAR)  |  |
| 22a. SIGNATURE <b>Eugen Kouzov</b>  |  | 22b. <b>11-1-03</b>   |  |
| NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)   |  | ILLINOIS LICENSE NUMBER   |  |
| 22c. <b>Eugen Kouzov MD</b>   |  | 22d. <b>036-096197</b>  |  |
| NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)   |  | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. |  |
| 23. _____   |  |   |  |
| BURIAL, CREMATION REMOVAL (SPECIFY)   | CEMETERY OR CREMATORY - NAME                     | LOCATION CITY OR TOWN STATE   | DATE (MONTH, DAY, YEAR)  |
| 24a. <b>Burial</b>  | 24b. <b>Cedar Park Cem.</b>                      | 24c. <b>Chicago, Il.</b>  | 24d. <b>Nov - 7, 2003</b>  |
| FUNERAL HOME NAME STREET AND NUMBER OR P.O. CITY OR TOWN STATE  | FUNERAL DIRECTOR'S SIGNATURE                     |   |  |
| 25a. <b>Gatling's Chapel Inc. 10133 So. Halsted Chicago, Il. 60628</b>  | 25b. <b>David Orr</b>                            |   |  |
| LOCAL REGISTRAR'S SIGNATURE   | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER       |   |  |
| 26a. <b>David Orr V. Clerk</b>  | 25c. <b>034014948</b>                            |   |  |
|   | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) |   |  |
|   | 26b. <b>NOV 04 2003</b>                          |   |  |

# UNOFFICIAL COPY

STREET ADDRESS: 20132 SEQUOIA AVE  
CITY: LYNWOOD COUNTY: COOK  
TAX NUMBER: 33-07-407-020-0000

LEGAL DESCRIPTION:

LOT 20 IN BLOCK 9 IN LYNWOOD TERRACE UNIT NUMBER 4, BEING A SUBDIVISION OF PART OF THE SOUTH 1/2 OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office