UNOFFICIAL COMMILIEM

Doc#: 0800257028 Fee: \$28.50 DECEASED JOINT TENANT AFFIDAVIT Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/02/2008 10:53 AM Pg: 1 of 3 STATE OF ILLINOIS) SS. COUNTY OF Order No. being duly For Recorder's use only sworn states that resides at county of COOK DOLTON in the. HNDREWSdeceased was acquainted with WESIEV death was one of the owners of the land in who, at the time of Illinois, legally described as: 29-10-221-015-0000 Common Address: 14837 DAK as evidenced by a That the deceased died 4 % certified copy of the death certificate of the deceased attached hereto. That the deceased died: Voleaving no Last Will & Testament NO 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 County, Illinois. Probate Division of the Circuit Court of Leaving a Last Will & Testament which was sized 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 5000:00 Affiant makes this affidavit for that purpose of inducing to issue its Title Insurance Policy, Gescribing the above-mentioned. subscribed and sworn to before me by the said "OFFICIAL SEAL" LATONYA BULLOCK

Notary Public, State of Illinois My Commission Expires June 29, 2009

0800257028 Page: 2 of 3

LOT 15 UNDFERE LALGONEN SIBLEY CENTER

ADDITION BEING A SUBDINISON IN THE WEST to

OF THE WORTH EAST to OF SECTION 10 TOWN SHIP

36 NORTH RANGE 14 EAST OF THE THIRD PRINCIPME

MEDIDIAN TO COOK COUTY FILPNOS

Property of Cook County Clerk's Office

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

REC'D MAY 08 2007

DEPARTMENT OF PUBLIC

CITY OF CHICAGO

TIVE CITY OF CHICAGO, DO HEREBY **ACCOMPANYING CERTIFICATE ON THIS** OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE CERTIFY THAT I AM THE KEEPER OF AND DEATHS FOR THE CITY OF CHICAGO THE STRAR OF VITAL STATISTICS OF I, 75 BRY MASON M.D., LOCAL KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD THE CITY OF CHICAGO; THAT THE THE RECORDS OF BIRTHS, STILLBIRTHS LAW AND ORDINANCES.

MAY 1 - 2007

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

STATE OF ILLINOIS

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VR200 (Rev. 5/89)	26a.	25b. V	TAG S	FUNERAL HOME	ي ر		22c. Elbert B. Smith	mi		AND LAST SAW HIM HER ALIVE ON THE BEST OF MY KNOWLEDGE	T CHATTA (TON OIG)	OF OPERATION, IF ANY	HART II. Other significant conditions or		CONDITIONS, IF ANY WHICH GIVE RISE TO MAKEDIATE CAUSE (a) CTATES THE INDIES! YING	gsease or condition routing in death)	<u>s</u> n	JOHNNY ANDE	INFORMANT'S NAME (TYPE OR PRINT)	THER-NAME FIRST	IL	E 1700	RESIDENCE (STREET AND NUMBER)	10432-68-5312		BINTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)	ea. Chicago	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	OUNTY OF DEATH		DECEASED-NAME	REGISTERED 10.70	DISTRICT NO.
/ Illinois Department of Public	by Mason up	P ()	101	240.711		EBV CB CB	ith M.D. 8012 Sout	" <u> </u>	See N	Apri	20b.	MAJOR FINDINGS OF OPERATION	onvibuting to death but not resulting in the underlying	neumo	(b) Metastatic Carcinome	(a) Cardiopulmonary	men nie diseases, or campinications inaticaused nie deam, no not emenine mode ordynig, such as callulac hock, or heart failure. List only one cause on each line.	WS JR.	CXGE		60419 14a.	ZIP CODE RACE (WHITE, BLACK,		11a REGISTERD	USUAL OCCUPATION	WIDOWED, DIVORCED (SPECIFY)	6b. South	DISTRICT NUMBER HOSPITAL OR OTH	AGE-LAST BIRTHDAY	Wesley Mae	FIRST MIDDLE	MEDICAL	
Public Health—Division of Vital Rewords		/ Derivor	HALSTED ST	NUMBER OR R.F.D.	2 20		Ith Crandon Street		met in	DATE AND PLYCE (NIC TYPE TO		TION	erlying cause given in PART i.		rcinoma of Brain	of Failure	wseum geam, pongrener membo e on each line.	176. HUSBAND 176.	RELATIONSHIP MAILIN	MINICON		AMERIC	CITY, TOWN, TWP, OR ROAD DIS	S	KIND OF BUSINE		th Shore Hospital	OTHER INSTITUTION-NAME (IF NOT IN ETHER	DER YEAR	12	LAST	CERTIFICATE	STATE OF ILLINOIS
Series .	DATE FILED BY LOC 26b.	25c. O34-0	II	CHICAGO, II.			et Chicago 60617		٠	EXAMINER NOTIFIED? (YESNO) 21b. NO THE CAUSE(S) STATED.	WAS CORONER OR MEDICAL	37	WESING THE		l and Lung		rordying, such as cardiac or respiratory	F	MAILING ADDRESS (STREET AND NO. OR R.		□YES SP	(SPECIFY NO OR YES-	DISTRICT NO. (YESNO) 13c. YES			JY ANDREWS.JR.	1	15d. AUGUST 30		Female 3./	SEX DATEOFDEAT	OF DEATH	
(BASED ON 1989 U.S. STANDARD CERTIFICATE)	WAY 1 - 2007	H-015437		STATE ZIP	SALE MONTH DAT YEAR)	₹3	22d. 036-060529	ILLINOIS LICENSE NUMBER	4-26-07	21C. 15:4] M. DATESIGNED (MONTH DAY YEAR)	20c. YES NO NO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		1	Months	Minutes	#1	ICN IL	OHR.F.D., CITYOHTOW.,, STATE, ZIP)	(S, SPECIFY CUBAN, MEXICAN, PL. TR TO RICAN, etc.)	Ω.		ONLY HIGHEST GR		& Inpatient) IF HOSP, OR INST, INDICATE D.O.A. OP/EMER, RM, INPATIENT (SPECIFY)	Y.YAD	~	NOM) H	605870	STATE FILE NUMBER