

**Prepared By:**

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**After Recording Mail To:**

First American Title  
1100 Superior Avenue, Suite 200  
Cleveland, Ohio 44114

#13498207/5058350

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**DECLASED JOINT TENANCY AFFIDAVIT**

TITLE OF DOCUMENT

The undersigned, **Joseph Okoh** of legal age, as the sole surviving tenant(s), being first duly sworn, deposes and states that he/she resides at 3630 West 81st Street, Chicago, Illinois 60652 .

That he/she was a joint tenant with **Mary A. Okoh**, deceased, who, at the time of death, was one of the owners of the land in **Cook** County, **Illinois** described as follows:

SITUATED IN THE COUNTY OF COOK, IN THE STATE OF ILLINOIS, TO WIT: LOT 33 (EXCEPT THE WEST 20 FEET THEREOF) AND ALL OF LOT 34 IN BLOCK 8 IN CLARK AND MARSTON'S FIRST ADDITION TO CLARKDALE, BEING A SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Site Address: **3630 West 81st Street, Chicago, Illinois 60652**

Permanent Index Number: **19-35-112-071-0000**

That the deceased died **March 22, 2006**, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died (you must make a choice):

Leaving no Last Will & Testament

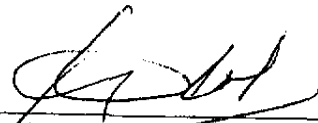
Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of Cook County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, on or about \_\_\_\_\_, 20\_\_\_\_

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 \$ 25,000.00 dollars.

# UNOFFICIAL COPY


DATED this 19th day of DECEMBER, 2007.

  
\_\_\_\_\_  
Joseph Okoh

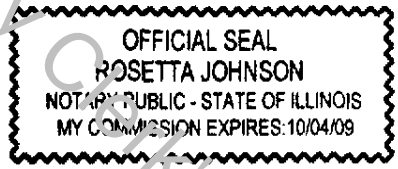
STATE OF ILLINOIS )  
COUNTY OF COOK ) ss

SUBSCRIBED AND SWORN to before me this 19th day of DECEMBER, 2007, by **Joseph Okoh**.

WITNESS my hand and official seal

  
\_\_\_\_\_  
NOTARY PUBLIC

ROSETTA JOHNSON  
PRINTED NAME OF NOTARY  
MY Commission Expires: \_\_\_\_\_



Property of Cook County Clerk's Office

UNOFFICIAL COPY

PROPERTY OF CLERK'S OFFICE

DOROTHY BROWN  
Clerk of the Circuit Court  
Probate Division  
Richard J. Daley Center, Room 1202  
Chicago, Illinois 60602

DEC 20 2007

Received of JOSEPH A. OKOH

An instrument purporting to be the last will and testament of  
MARY A. OKOH Dec'd

Containing 4 Pgs. Dated 12-12-2005

Date of Death 03-22-2005

By B.T.  
DOROTHY BROWN  
Deputy Clerk

**UNOFFICIAL COPY*****LAST WILL AND TESTAMENT******OF******MARY A. OKOH***

I, MARY A. OKOH, of the City of Chicago, County of Cook, State of Illinois, being of sound and disposing mind and memory, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking any and all former Wills, Testaments and Codicils by me heretofore made.

**ARTICLE I*****My Family***

I declare on the date hereof that I am married to JOSEPH A. OKOH. I have two (2) children now living, namely: 1) SHARON O. OKOH; and 2) LAUD A. OKOH.

**ARTICLE II*****Gifts at My Death.***

2.2 *Gifts of Tangible Personal Property.* I give all my tangible personal property to my spouse, JOSEPH A. OKOH, if he survives me. In the event my spouse predeceases me, then I give all my tangible personal property to my children, SHARON O. OKOH and LAUD A. OKOH, who survive me, to be divided and distributed as follows: 75% of the property to go to my daughter SHARON and 25% of the property to go to my son LAUD. The term "tangible personal property" means all personal and household effects, jewelry, automobiles, collections, and other tangible personal property that I own at my death

# UNOFFICIAL COPY

(including insurance thereon).

2.3 *Gift of Balance of Estate.* I give the balance of my estate to my Spouse, JOSEPH A. OKOH, if he survives me. In the event my Spouse predeceases me, then I give the 75% of the balance of my estate to my daughter SHARON O. OKOH and 25% of the balance of my estate to my son LAUD A. OKOH, per stirpes distribution and not per capita.

2.4 *Survivorship.* Only persons living on the 30th day after the day of my death shall be deemed to have survived me for purposes of this Article.

## ARTICLE III Executor

3.1 *Executor.* I name as my executor the first of the following who is from time to time willing and able to act:

(a) my daughter, SHARON O. OKOH

3.2 *Waiver of Surety.* No security, surety, or bond shall be required of my executor.

If permitted by law and if not inconsistent with the best interests of the beneficiaries as determined by my executor, the administration of my estate shall be independent of the supervision of any court. Further no bond shall be required on the sale of any Real Estate.

3.3 *Powers of Executor.* I give my executor, without authorization of any court the following powers:

a. To pay all my just debts, funeral expenses and expenses of administering my estate as soon after my death as conveniently may be done.

b. To sell at public or private sale, to retain, to lease, to borrow money and for that purpose to mortgage or to pledge, all or part of the real or personal property of my estate.

# UNOFFICIAL COPY

c. To settle claims in favor of or against my estate;

d. To make such elections affecting taxes as the Executrix deems advisable, without regard to the relative interests of the beneficiaries and with or without making any compensating adjustments therefor.


e. To distribute property in cash or in kind or partly in each, and to allot different kinds or disproportionate shares of property or undivided interests in property among the distributive shares;

f. To execute and deliver any deeds, contracts, mortgages, bills of sale, or other instruments necessary or desirable for the exercise of the Executrix powers and discretions;

## ARTICLE V

I direct and authorize the Executrix or Successor Executor of this my Last Will and Testament to employ the services of my attorneys, THOMAS W. MURPHY & ASSOCIATES, P.C., to provide counsel in the administration of my estate and to represent my estate in any probate proceedings.

IN WITNESS WHEREOF, I have hereunto subscribed my name and set my seal to this my Last Will and Testament, consisting of four typewritten pages, and have initialed each preceding page and the following page this 12<sup>th</sup> day of December, 2005.



MARY A. OKOH

# UNOFFICIAL COPY

We certify that in our presence on the date appearing above, MARY A. OKOH, signed the foregoing instrument and acknowledge it to be her Last Will and Testament, that at her request and in her presence and in the presence of each other, we have signed our names below as witnesses, and that we believe her to be of sound mind and memory.

Aurinda Byrne Residing at 9936 S. Elm Circle  
Oak Lawn, IL 60453

Thomas W. Murphy Residing at 11405 CRAIG DRIVE  
OAK FOREST, IL 60452

Residing at \_\_\_\_\_  
\_\_\_\_\_

STATE OF ILLINOIS )  
  ) SS  
COUNTY OF COOK )

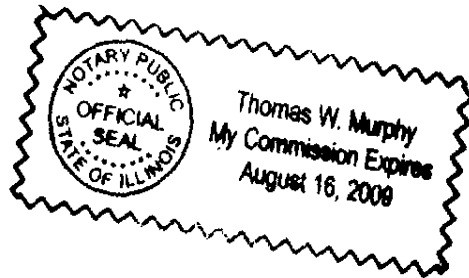
We, the undersigned, being duly sworn, state that on this date we saw MARY A. OKOH, the Testator, sign the Will hereto attached, in our presence, and we signed the Will in the Testator's presence, and that we believe the Testator to be of sound mind and memory at the time of signing of the Will.

Aurinda Byrne  
Thomas W. Murphy

M-A O

SUBSCRIBED and SWORN to before me  
this 12th day of December, 2005.

Thomas W. Murphy  
Notary Public



**MEDICAL CERTIFICATE OF DEATH**

DECEASED-NAME **MARY FIRST MARY MIDDLE A. LAST OKOH** SEX **Female** DATE OF DEATH (MONTH, DAY, YEAR) **March 22, 2006**

CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION (IF NOT IN RETIREMENT, GIVE STREET AND NUMBER) **Advocate Illinois Masonic Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO** MARRIED/NEVER MARRIED/WIDOWED/DIVORCED (SPECIFY) **Never Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Joseph Okoh**

19a. **3630 W. 81st.** ZIP CODE **60652** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **Black** 14a. **Black** 14b.  NO  YES SPECIFY: **Dadome Adie**

17a. **Judith E. Matthews** RELATIONSHIP **Health info.** 17b. **17c. 836 W. Wellington Chicago, IL 60657** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY AND TOWN, STATE, ZIP)

18. **19. 20. 21. 22. 23. 24. 25. 26.** (18) DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION (19) AUTOPSY (YES/NO) (20) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (21) HOUR OF DEATH (22) DATE SIGNED (MONTH, DAY, YEAR) (23) ILLINOIS LICENSE NUMBER (24) BIRTHPLACE (25) MARRIED/NEVER MARRIED/WIDOWED/DIVORCED (26) NAME OF SURVIVING SPOUSE

17. **Metastatic Colon Cancer** (a) DUE TO OR AS A CONSEQUENCE OF (b) **AMEMIA** (c) **1YR.** (d) **1YR.**

21c. **2:35 a.m.** 21d. **03/23/06** 22d. **036.076097**

22c. **Ramamorthy Sundersan MD Chicago, IL 60657** NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

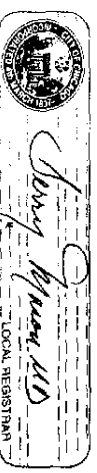
24b. **24c. Chicago, Illinois** 24d. **424/2006**

25a. **Leak And Sons Funeral Home 7838 s Cottage Grove Chicago, Illinois 60619** FURNERAL DIRECTOR'S SIGNATURE AND LICENSE NUMBER

26a. **031-007480** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **MAR 28 2006**

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

**MAR 28 2006**



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.