Prepared By:

Leila H. Hansen, Esq. 9041 S. Pecos Road #3900 Henderson, NV 89074 Phorie: 702-736-6400

After Recording Mail To:

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

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. Ohoh, 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 NORTHEAS? 1/4 OF THE NORTHWEST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 13, EAST OF THE THIRT 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.	',0
That the deceased died (you must make a choice):	Or
Leaving no Last Will & Testament	
Leaving a Last Will & Testament a copy of wh should be filed with the Clerk of Probate Division of the	ich is attached hereto. The original of the uncroven wil he Circuit Court of Cook County, Illinois.
Leaving a Last Will & Testament which was file Circuit Court of Cook County, Illinois, on or about	ed in the Unproven Will Box of the Probate Division of the
That the TOTAL VALUE of the estate of the deceased deceased either individually or in joint tenancy at th sum of \$ よりしゃい	, including both real and personal property owned by the e time of the death of the deceased, does not exceed the

0800412072 Page: 2 of

UNOFFICIAL COPY

DATED this 19th day of DECEMBER, 20 UT.
· Jahr
Joseph Okoh
STATE OF /LLINUTS
COUNTY OF ss
SUBSCRIBED AND SWORN to before me this 19th day of SECEMBER, 2007, by Joseph Okoh.
WITNESS my hand and official seal
ROSETTA VEHALSON
ROSETTA VEHNSON
PRINTED NAME OF NOTARY MY Commission Expires:
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
OFFICIAL SEAL ROSETTA JOHNSON NOTAPY PUBLIC - STATE OF ILLINOIS MY COMMOSION EXPIRES: 10/04/09

0800412072 Page: 3 of 8

DOROTHY BROWN Clerk of the Circuit Court Probate Division

Ric'aro J. Daley Center, Room 1202 Chicage, I'linois 60602

DEC 202007

JOSEPH A. OKOH

An instrument purporting to be the last will and testament of

Date of Death

DOROTALY BROWN

CCP-0182 (Rev. 3/28/02)

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 heretofere 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. O'COH; 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

Page 1 of 4 of the Mary A. Okoh Will

MAO

THOMAS W. MURPHY

ASSOCIATES, P.C.

ATTORNETS AT LAW

8150 SOUTH KEDZIE AVENUE
CHICAGO, ILLINOIS 60652

(723) 441-324

FACSIMILE (773) 436-6606

# **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.
- 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. OKO'I
- 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 my Real Estate.
- 3.3 Powers of Executor. I give my executor, without authorization or 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.

M.A. 0

THOMAS W. MURPHY & ASSOCIATES, P.C. ATTORNEYS AT LAW

\$150 SOUTH KEDZIE AVENUE CHICAGO, ILLINOIS 60652
(773) 471-2984
PACSIMILE (773) 436-6606

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- 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 12th day of Doubles, 2005.

MARY A. OKOH

THOMAS W. MURPHY & ASSOCIATES, P.C.

ACTORNEYS AT LAW

8150 SOUTH KEDZIE AVENUE

\$150 SOUTH KEDZIE AVENUE CHICAGO, \$LLINOIS 60652 (773) 471-2984 FACSIMILE (773) 436-6606

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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.

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STATE OF ILLINOIS

COUNTY OF COOK

We, the undersigned, being duly sworn, state that on this date we saw MARY A. OKOH, the Testator, sign the Will herete 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.

MAO

SUBSCRIBED and SWORN to before me

this 12th day of Wecenher

Notary Public

Thomas W. Murphy

THOMAS W. MURPHY ASSOCIATES, P.C. ATTORNEYS AT LAW

SO SOUTH KEDZIE AVENUE CHICAGO, ILLINOIS 60652 (773) 471-2984 FAC*IMILE (773) 436-6606

Page 4 of 4 of the Mary A. Okoh Will

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

/R200 (Rev. 5/89)

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

LOCAL REGISTRAP

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

MAR 2 8:2006

CITY OF CHICAGO

COUNTY OF COOK STATE OF ILLINOIS

STATE FILE

STATE OF ILLINOIS

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of 8 DISTRICT NO. 16.10 FUNERAL DIRECTOR'S SIGNATURE TUNERAL HOME Ghana, West Africa SOCIAL SECURITY NUMBER CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER LOCAL REGISTRAR'S SIG 25b FUNERAL HOME BURIAL, CREMATION REMOVAL (SPECIFY) AND COUNTY OF DEATH NAME AND ADDRESS OF CERTIFIER REPUBLICE (STREET AND NUMBER) BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY) NUMBER NAME OF ATTENDING PHYSICIANIF OTHER THAN CERTIFIER DECEASED-NAME OND TIONS, IF ANY MICH GIVE RISE TO REGISTERED 340-54-5315 116 TING THE UNDERLYING ST SAW HIM/HER ALIVE ON diate Cause (Finat BEST OF MY KNOWLEDG OF OPERATION, IF ANY or condition IGNATURE g in death) Jua to MANT'S NAME (TYPE OR PRINT ALL MOWEURS ーベルベモ Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. 0x12460 3630 W. 81st 000K **て マ ペ ス ノ** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory vn. st. shock, or heart failure. List only one cause on each line. ZIP CODE 68652 24b. CEMETERY OR CREMATORY-NAME DUE TO, OR AS A CONSEQUENCE OF DUETO, OR AS A CONSEQUENCE, OF 0 a DEATH OCCURRED AT THE TIME 0 Natthews MIDDLE MAJOR FINDINGS OF OPERATION 11a. Laborer 8a. Married
USUAL OCCUPATION MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Mt. Hope xundareson METALTATIC (TYPE OR PRINT) かくく とこのの MEDICAL CERTIFICATE OF DEATH Hinois Department of Public Health—Division of Vital Records MONTH, DAY, YEAR) RACE (WHITE, BLACK INDIAN, 810.) (SPECIFY) 14a かるな HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. AGE-LAST BIRTHDAY (YRS) (WHITE, BLACK, AMERICAN MIDDLE Advocate Black STREET AND NUMBER OR R.F.D. マラ (T 'PE' RPLINT) CITY, TOWN, TWP, OR ROAD DISTRICT NO. A BANDERS 175 NO. 14-6. KIND OF BUSINESS OF INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 11b. Concactor to constant 7838 s. Cottage Grove Chicago, Illinois 60619. の大のエ General いるとのろ Chicago LSA LOCATION STOCK! THE CAUSE(S) STATED. OF HISPANIC ORIGIN? (SPECIFYNOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PL. 'RTORICAN, MC.) MOTHER-NAME 4ª □ NO 17c. 836 W. Wellington Chicago, Illinois Halsta EXAMINER NOTIFIED? (YESNO) CITY OF TOWN ふしてと ☐ YES Female 1 DATE OF BIRTH (MONTH, DAY, YEAR) MASONIC Dadome Adjei Ebucation (specify only)
Elementary/Secondary (0-12) (STREET AND NO. OR H.F.D., CITY CO TOWN, STATE, ZIP) DATE FILED BY LOCAL REGISTRAD WONTH DAY YEAR OR MEDICAL SPECIFY NSIDE CITY s. March 22 STATE DATE OF DEATH (YES/NO) MIDDLE 19a. May 10, 1946 031_007480 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? Z MUST BE NOTIFIED. ILLINOIS LIČENSE NUMBER DATE SIGNED 21c. HOUR OF DEATH NOTE: IF AN INJURY WAS INVOLVED IN THIS WEATH THE CORONER OR MEDICAL EXAMIN S 0 YES O NO O OP/EMER HIGHEST GRADE COMPLETED)
College (1-4 or 5+) COUNTY ac inpatient 036.076097 13d. Cook 196 (MONTH, DAY, YEAR) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 224/2006 123/06 OR INST, INDICATE D.C.A. (MAIDEN) LAST ER OR WEDICAL EXAMINER WAS DECEASED EVER IN U.S ARMED FORCES? (YES/NO) APPHOXIMATE INTERVAL 9000 al M (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) コンス スス 606×7 4 Σ δ