



Doc#: 0806548040 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/05/2008 09:54 AM Pg: 1 of 3

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

JOINT TENANCY AFFIDAVIT

Emma Thomas, hereinafter referred to as the affiant, states under oath that the affiant resides
PO Box 520 in the city of Naperville, Illinois; that the affiant was acquainted
with George Bulley, the decedent;

That at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property, located in Cook county, Illinois, and legally described as follows:

(ATTACHED)

Permanent index number 20-26-425-023

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

That the decedent died on September 2, 2007, leaving no last will and testament;

That the total value of the decedent's estate, including the taxable interest in the above property was \$20,000.00, and that the value of the above property individually was \$90,000.00;

That the Illinois inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce PLM Title Company to issue its policy of title insurance on the above described property.

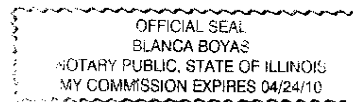
The affiant hereby covenants and agrees, for () himself (XX) herself () themselves, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold Lawyers Title Insurance Company harmless and to reimburse Lawyers Title Insurance Company for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature which Lawyers Title Insurance Company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of George Bulley, the decedent;
2. Illinois State inheritance tax and Federal Estate Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent; and
4. Rights to contribution.

Emma Thomas (seal)
Emma Thomas

Subscribed and Sworn to before me this 17th day of January, 2008.

Blanca Boyas Notary Public



3

LAW TITLE INSURANCE
2900 OGDEN STE 101
LISLE IL 60532

OAK-113078AMM

UNOFFICIAL COPY

LOT 6 IN BLOCK 96 IN CORNELL, A SUBDIVISION IN SECTION 26 AND 35, TOWNSHIP 38 NORTH,
RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 20-26-425-023

7814 SOUTH KIMBARK, CHICAGO IL 60619

PLEASE NOTE: THE PROPERTY ADDRESS AND ZIP CODE ARE PROVIDED FOR CONVENIENCE ONLY.

Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

SEP 06 2007

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

Jerry Mason MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE FILE NUMBER

611930

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

DECEASED NAME 1. George Bulley		LAST Bulley		SEX MALE		DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 02, 2007	
COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (MOS, YRS, DYS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago		HOSPITAL OR OTHER INSTITUTIONAL NAME (IF NOT IN OTHER ONE)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		DATE OF BIRTH (MONTH, DAY, YEAR)	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) JACKSON MS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SIC) DIVORCED		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		WAS DECEASED IN A U.S. ARMED FORCE? (YES/NO)	
SOCIAL SECURITY NUMBER 354-20-845		USUAL OCCUPATION LABORER		INSURANCE (YES/NO)		YES	
RESIDENCE (STREET AND NUMBER) 7801 S Kimbark		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		INSURANCE (YES/NO)		YES	
ZIP CODE 60619		RACE (WHITE, BLACK, AMERICAN INDIAN, HAWAIIAN, OTHER) BLACK		INSURANCE (YES/NO)		YES	
FATHER - NAME FIRST MIDDLE LAST George Bulley Sr		MOTHER - NAME FIRST MIDDLE LAST Clara White		INSURANCE (YES/NO)		YES	
INFORMANT'S NAME (TYPE OR PRINT) Emma Thomas		RELATIONSHIP 170 Waverly Ave		CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago		STATE Illinois	
18 PART I Enter the date, time, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.		19. (a) END STAGE CONGESTIVE HEART FAILURE					
19. (b) DUE TO, OR AS A CONSEQUENCE OF							
19. (c) DUE TO, OR AS A CONSEQUENCE OF							
PART II (Enter the activity conditions contributing to death but not resulting in the underlying cause given in PART I.)		20. DATE OF OPERATION, IF ANY SEPTEMBER 02, 2007					
20a. (DO NOT WRITE AND THE DECEASED AND DEATH NUMBER ALONE ON THIS LINE)		20b. MAJOR FINDINGS OF OPERATION END STAGE CONGESTIVE HEART FAILURE		20c. AUTOPSY (YES/NO) NO		20d. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO	
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		21a. WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		21c. DATE SIGNED (MONTH, DAY, YEAR) 9/5/07		21d. ILLINOIS LICENSE NUMBER 036-066731	
22. NAME AND ADDRESS OF PHYSICIAN OR OTHER ATTENDING PHYSICIAN OTHER THAN CERTIFIER (TYPE AND PRINT) Dr. J. J. O'Connell MD		22a. SIGNATURE <i>J. J. O'Connell</i>		22b. DATE OF DEATH (MONTH, DAY, YEAR) SEP 02 2007		22c. ILLINOIS LICENSE NUMBER 036-066731	
23. BUREAU OF CREMATION, BURIAL, OR INTERMENT (SPECIFY) BURIAL		23a. LOCATION Lincoln		23b. CITY OR TOWN North		23c. STATE Illinois	
24. STREET AND NUMBER OR R.F.D. Lincoln		24a. CITY OR TOWN Chicago		24b. STATE Illinois		24c. DATE (MONTH, DAY, YEAR) SEP 8 2007	
25. FUNERAL HOME Funeral Home Ltd 63 E 79th S		25a. STREET AND NUMBER OR R.F.D. Chicago		25b. CITY OR TOWN Chicago		25c. STATE Illinois	
26. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason</i>		26a. SIGNATURE <i>Jerry Mason</i>		26b. DATE (MONTH, DAY, YEAR) SEP 06 2007		26c. ILLINOIS LICENSE NUMBER 036-066731	