



UNOFFICIAL COPY

CTIC-HE CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF Cook

} Mail to / Prepared by Order No.: 010004887
 } ss. Numark Credit Union
 9809 West 55th Street
 Countryside, Illinois 60525-3611

28

James Yarbrough
 being duly sworn states that he resides at 5232 W. Adams
 in the City of Chicago

That he was acquainted with Dorothy L. Yarbrough deceased who, at the time of death,
 was one of the owners of the land in Cook County, Illinois, described as:

Lot 9 in block 3 in Davis and Sons Subdivision of lot 93 of School Trustees
 subdivision of the north part of section 16, township 39 north, range 13, east
 of the third principal meridian, in Cook County, Illinois.

Pin 16-16-105-028
 Address 5232 W. Adams St
 Chicago, IL 60644



Doc#: 0811446024 Fee: \$58.00
 Eugene "Gene" Moore RHSP Fee: \$10.00
 Cook County Recorder of Deeds
 Date: 04/23/2008 10:03 AM Pg: 1 of 2

That the deceased died February 4, 2008, as evidenced by a certified copy of death
 certificate of the deceased attached hereto.

That the deceased died:

- 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 the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed 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 _____ dollars.

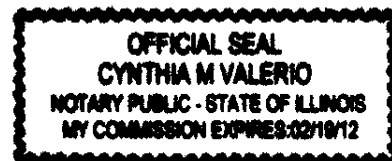
Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

James Yarbrough

this 12 day of April, A.D. 2008

Cynthia M. Valerio
 Notary Public



X James Yarbrough
 (Affiant's Signature)

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **601542**

1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) **Dorothy LEE Yarbrough**
2. SEX **FEMALE**
3. DATE OF DEATH (Month/Day/Year) (Spell Month) **February 4, 2008**
4. COUNTY OF DEATH **COOK**
5a. AGE AT LAST BIRTHDAY (Years) **72**
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Month/Day/Year) **JANUARY 29, 1936**
7a. CITY OR TOWN **CHICAGO**
7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **MERCY HOSPITAL**

7c. PLACE OF DEATH (Check only one: see instructions)
IF DEATH OCCURRED IN A HOSPITAL
 Inpatient Emergency Room/Outpatient Dead on Arrival
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL
 Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify) _____

8. BIRTHPLACE (City and State or Foreign Country) **LELAND, MS**
9. SOCIAL SECURITY NUMBER **425-73-3301**
10. MARITAL STATUS AT TIME OF DEATH
 Married Married but separated Widowed
 Divorced Never Married Unknown
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **JIMMIE YARBROUGH**
12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **5232 W. ADAMS**
13b. APT. NO. _____
13c. CITY OR TOWN **CHICAGO**
13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **COOK**
13f. STATE **IL**
13g. ZIP CODE **60644**
14. FATHER'S NAME (First, Middle, Last) **DAVE HARRIS**
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **MARY HOWARD**

16a. INFORMANT'S NAME **JIMMIE YARBROUGH**
16b. RELATIONSHIP **HUSBAND**
16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **5232 W. ADAMS CHICAGO, ILLINOIS 60644**

17. METHOD OF DISPOSITION Burial Cremation Donation Entombment
18. PLACE OF DISPOSITION (name of cemetery, crematory, other) **OAKRIDGE CEMETERY**
19. LOCATION - CITY, TOWN AND STATE **HILLSIDE, ILLINOIS**
20. DATE OF DISPOSITION (Month/Day/Year) **FEBRUARY 9, 2008**

21a. FUNERAL HOME NAME **CORBIN COLONIAL FUNERAL CHAPEL**
21b. STREET AND NUMBER **5345 W. MADISON ST.**
21c. CITY OR TOWN **CHICAGO**
21d. STATE **ILLINOIS**
21e. ZIP **60644**

21f. FUNERAL DIRECTOR'S SIGNATURE *Dorothy Yarbrough*
21g. LOCAL REGISTRAR'S SIGNATURE *Cherry Mason MD*
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034 015608**
23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **FEB 06 2008**

24. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. **Cerebral ischemic Accident**
Due to (or as a consequence of)
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST
b. **Intra cerebral Hemorrhage**
Due to (or as a consequence of)
c. **Hypertension**
Due to (or as a consequence of)

PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
25. WAS AN AUTOPSY PERFORMED? Yes No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH?
 Yes Probably No Unknown
28. IF FEMALE:
 Not pregnant within past 12 months Pregnant at time of death
 Not pregnant, but pregnant within 42 days of death Pregnant within one year of death but unknown
 Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months
29. MANNER OF DEATH:
 Natural Suicide Could not be determined
 Accident Homicide Pending Investigation

30. DATE OF INJURY (Month/Day/Year) _____
31. TIME OF INJURY A.M. P.M.
32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) _____
33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY - Street and Number _____ Apartment Number _____ City or Town _____ State _____ ZIP Code _____
35. DESCRIBE HOW INJURY OCCURRED: _____
36. IF TRANSPORTATION INJURY, SPECIFY:
 Driver/Operator Pedestrian
 Passenger Other (Specify) _____

37. I (CID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **February 4, 2008**
38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No
39. DATE PROMONCED (Month/Day/Year) **February 4, 2008**
40. TIME OF DEATH **3:45** A.M. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **William Johnson 1701 W. Montross Ave Suite 16 Chicago IL 60645**
43. PHYSICIAN'S LICENSE NUMBER **036090042**

44. TITLE OF CERTIFIER **This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.**
45. DATE CERTIFIED (Month/Day/Year) _____
46. SIGNATURE OF CERTIFIER *Cherry Mason MD*

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN EXAMINED BY A NOTARY PUBLIC OR NOTARY'S SIGNATURE

Cherry Mason MD

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO