UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT Doc#: 0811547096 Fee: \$40.50 Eugene "Gene" Moore RHSP Fee:\$10.00 STATE OF ILLINOIS Cook County Recorder of Deeds Date: 04/24/2008 10:33 AM Pg: 1 of 3 COUNTY OF COOK Order No. being duly Maxine L. Burney sworn states that she For Recorder resides at 8751 S. Marshfield Ave in the citude County of Cook Illinois That Maximus. Burney was acquainted with Cornelius L. Burney deceased who, at the time of his death was one of the owners of the land in County, Illinois, legally described as: (see reverse side of this Affidavit...) 20-10-301-062 Common Address: That the deceased died January 29, 2002 certified copy of the death certificate of the deceased attached hereto. That the deceased died: Leaving no Last Will & Testament. Leaving a Last Will & Testament, a cory 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 \$10,000. Affiant makes this affidavit for that purpose of inducing to issue its Title Insurance Policy, describing the above-mentioned. Official Seal Dianne Struglinski Notary Public State of Illinois My Commission Expires 12/01/2011 Subscribed and sworn to before me by the said as affiant

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Property commonly known as:

5147 S. Wabash Ave, Chicago, IL 60615

Permanent Index Number:

20-10-301-062

Legal Description:

LOT 3 IN BLOCK 1 IN CARSWELL'S SUBDIVISION OF 5 ACRES IN THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP NODERTO OF COOK COUNTY CLERK'S OFFICE 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN,

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Certified For Colfee Death Record

EDENT'S BIRTH NO.	REGISTRATION 16.9	32	STATE OF ILLINOIS					STATE FILE NUMBER		
,	REGISTERED 128	8/15	DICAL C	ERTIF	CATE	OF DE	HTA			
Type or Print in PERMANENT INK	DECEASED-NAME	FIRST	MIDDLE	LAS1		SEX	DATEOF	DEATH	(MONTH, DAY, YEAR)	
Funeral Directors, Ipital, or Physicians	1. COUNTY OF DEATH	Cornelius	L.	Burn T UNDER 1 YEA	 	2. Male	3. Ja r	nuary	7 29, 2002	
Hendbook for INSTRUCTIONS	4	COOK	BIRTHDAY (YRS)	MOS. DAY	S HOURS	MIN.			•	
	CITY, TOWN, TWP, OR ROAD DI	ISTRICT NUMBER	5a. 64 HOSPITAL OR OTI	5b. HER INSTITUTIO	5c. N-NAME (IF NOT II	5d. VEITHER, GIVE STREE	May 8	19 ⁻	F HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
A	6. PROVISO TO	DWNSHIP	6b. V	FTFRANS	S ADM. F	IINES IL	60141		sezemen. Hm, inpatient (species) Sc. Inpatient	
DECEASED	BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY) 7. BILOXI, MS.	DR MARRIED, NE WIDOWED, DI 8a. Marr	VER MARRIED, VORCED (SPECIFY)		rviving spou: Yaxine	SE (MAIDEN NAME, II	FWIFE)		WAS DECEASED EVER IN ARMED FORCES? (YES)	
В	SOCIAL SECURITY NUMBER	USUAL OCCU			INESS OR INDL		TION (SPECI	FYONLYH	IGHEST GRADE COMPLETED) College (1-4 or 5 +)	
c	10. 425-5/	11a. CARP			BUSINES	SS 12.			4	
D	9751 C. Va	•	***	, TOWN, TWP, Chic		RICT NO.	(YES/NO)	79	COOK	
E	100.		RACE (WHITE, BLACK, A				150.		13d. Y CUBAN, MEXICAN, PUERTO RICAN, I	
į	13e Illinois	- 60620	NDIAN, etc.) (SPECIFY)		14b. X NO	□ YES	SPECIFY			
	FATHER-NAME FIRST	DDLE	LAST		MOTHER-NAM	E FIRST	MIDDLE		(MAIDEN) LAST	
PARENTS	15. FRED		BURNEY		16.	GLAYDS			HUNTER	
	INFORMANT'S NAME (TYPEOR			Hospies		ADDRESS (STREE	TAND NO. OR	R.F.D., CIT	Y OR TOWN, STATE, ZIP)	
1	17a. Irene Stov			_{17b.} Recor	1101	VEIEK/	INS AL)M. H	<u> INES IL 60141</u>	
2	sh	nter the diseases, or cor nock, or heart failure. L	nplication's that caused istorily ore cause on	the death. Do not each line.	enter the mode o	f dying, such as card	llac or respira	tory arres	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
3	Immediate Cause (Final disease or condition	→ (a) Pros	tate Carci	inoma wi	th Metas	stases.			1	
	resulting in death)	/ (0)	CONSEQUE (CE OF							
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b) Chol	angioca <i>c</i> :1	inoma.						
CAUSE	IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		CONSEQUENCE OF							
4	PART II. Other significant condition	ns contributing to death but n	ot resulting in the underlying	cause giveri P 4AT	1.		AUTOF (YES/NO	n .	WERE AUTOPSY FINDINGS AVAILABLE PRIOR COMPLETION OF CAUSE OF DEATH? (VESA)C	
5	-	1			<u> </u>		19a.	NO	196.	
N	DATE OF OPERATION, IF ANY		NGS OF OPERATION		1		١ -	HREE MOI		
የ	20a. A (DID) (DIDXIKA) ATTEND THE (20b. DECEASED (MONT	H, DAY, YEAR)			WA 3 CORONER O	DMEDICAL	LUCIUD (ES NO C	
	AND LAST SAW HIM/MES ALIVE 21a.	E ON	y 29, 2002	2	Ų	EXAMINER NOTIFIE	D? (YES/NO	21c.	12:45A. M	
	TO THE BEST OF MY KNOWLED				L'			DATES	IGNED (MONTH, DAY, YEAR)	
CERTIFIER	22a. SIGNATURE > R	. Marmal		M. Ravi	pati, M	.D.	-	_{22b} .Ja	anuary 29, 2002	
CERTIFIER	NAME AND ADDRESS OF CERT	KIE ANK PIN	NES, IL 60	141		' (SLICENSE NUMBER	
İ	22c. VLILIVA						$-\Box$	22d.	036-104010	
1	NAME OF ATTENDING PHYSICI		,	ORPRINT)				[Catht	AN INJURY WAS INVOLVED IN THIS HE CORONER OR MEDICAL EXAMINI NOTIFIED.	
Ļ	BURIAL, CREMATION,	CEMETERYOR CRE	MATORY- <i>NAME</i>	lroc	CATION	CITY OF TOWN	STATE	(C)	DATE (MONTH, DAY, YEAR)	
\ [REMOVAL (SPECIFY)	A TELEPOON	TOLT OTTO	1000 -	OTT T	^177			24dJAN 30, 200	
	REMOVAL (SPECIFY) 24a. CREMATION FUNERAL HOME		ICAL GIFT				INOIS	ST	TATE ZIP	
DISPOSITION	REMOVAL (SPECIFY) 24a. CREMATION FUNERAL HOME	NAME	STREET AN	D NUMBER OR R.F	.D.	CITY OR TOWN			TATE ZIP	
DISPOSITION	REMOVAL (SPECIFY) 24a. CREMATION	NAME KSON, FUNER	STREET AN	350 S CO	.D.	CITY OR TOWN	HICAG	OR'SILLING	LINOIS 60619 DISLICENSE NUMBER	
DISPOSITION	24a. CREMATION FUNERAL HOME 25a. CHARLES JAC FUNERAL DIRECTORS SIGNA 25b.	NAME KSON, FUNER	STREET AN	D NUMBER OR R.F	.D.	CITY OR TOWN ROVE AV (FUN 256	HICAGO ERAL DIRECTI 34-0	0 IL) Prisilling 11492	LINOIS 60619 DISLICENSE NUMBER 2	
DISPOSITION	24a. CREMATION FUNERAL HOME 25a. CHARLES JAC FUNERAL DIRECTOR'S SIGNA' 25b. LOCAL TENSIFIAR'S SIGNATAL LOCAL TENSIFIAR'S SIGNATAL	NAME KSON, FUNER	STREET AND AL HOME 73	350 S CO	TTAGE G	CITY OF TOWN ROVE AV (FUN 250 0AT	HICAGO ERAL DIRECTI 34-0	D ILI DR'SILLING 1149: CALREGIS	LINOIS 60619 DISLICENSE NUMBER 2 TRAR(MONTH, DAY, YEAR)	
DISPOSITION	25a. CHARLES JAC FUNERAL DIRECTORS SIGNA 25b. LOCAL BESISTAR'S SIGNA 26a.	KSON FUNER TURE	STREET AND ALL HOME 7:	BSO S CO	TTAGE GI	CITY OR TOWN ROVE AV (FUN 250 0AT 260	HICAGO ERAL DIRECTI 34-0	O ILI DR'SILLING 1149: CALREGIS WAL	LINOIS 60619 DISLICENSE NUMBER 2 TRAR (MONTH DAY, YEAR) 4 31, 2002	
(HEREBY C	24a. CREMATION FUNERAL HOME 25a. CHARLES JAC FUNERAL DIRECTOR'S SIGNA' 25b. LOCAL TENSIFIAR'S SIGNATAL LOCAL TENSIFIAR'S SIGNATAL	TURE HINGS	STREET AND A TO THE STREET AND THE S	D NUMBER OR R.F. 350. S CO COADVIEW IL	TTAGE GI LINOIS 60155 on of Vital Recorded death re	CITY OR TOWN ROVE AV (FUN 250 DAT 260 ds cord for the	CHICAGE ERAL DIRECTI 34-0 DE FILED JYLO DE COMPANY DE C	O ILI DR'S ILLING 1149: CALREGIS CALREGIS (BASED	LINOIS 60619 DISLICENSE NUMBER 2 TRAR (MONTH, DAY, YEAR) 31, 2002 ON 1988 U.S. STANDARD CERTIFICA	
record was est	REMOVAL (SPECIFY) 24a. CREMATION FUNERAL HOME 25a. CHARLES JAC FUNERAL DIRECTOR'S SIGNA 25b. LOCAL SENSTRAN'S SIGNAY 26a. VR200 (Rev. 5/89) ERTIFY THAT the formal signay and signay	TURE HINCH TO THE PROPERTY OF STREET TO THE PROPERTY OF	STREET AND A TO THE STREET AND THE S	OADVIEW ILL COPY of the provision	TTAGE GI	CITY OR TOWN ROVE AV C FUN 250 0AT 260 ds cord for the Ulinois Visal	CHICAGE ERAL DIRECTI 34-0 DE FILED JYLO DE COMPANY DE C	O ILI DR'S ILLING 1149: CALREGIS CALREGIS (BASED	LINOIS 60619 DISLICENSE NUMBER 2 TRAR (MONTH, DAY, YEAR) 31, 2002 ON 1988 U.S. STANDARD CERTIFICA	
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The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facle evidence of the facts therein stated.