Prepared Bri. And Coccia UNOFFICIAL COPY

Deceased Joint Tenancy Affidavit

Liver recorded

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PRAIRIE TITLE DECEASED JOINT TENANCY AFFIDAVIT 6821 W. NORTH AVE.	Doc#: 0814448014 Fee: \$38.50 Eugene "Gene" Moore HHSP Fee:\$10.00
ST <b>OPKOPARK</b> NOTS 5030?	Gook County Recorder of Deeds Date: 05/23/2008 01:30 PM Pg: 1 of 2
COUNTY OF $\begin{cases} ss. & Order No. \underline{TS-080} \end{cases}$	
RADIE D. KILPATRICK	
	being duly sworn in the City of
states that - resides at 0200 B. KINGSTON AVENUE	in the City of
CHICAGO, ILLINOIS	•
That I was acquainted with RAY H. KILPATRICK	2
deceased who, at the time of HIS death, was one of the owners of the land in County, Illinois, described as:	<u>COOK</u>
LOT 3 IN BLOCK 3 IN THE SUBDIVISION OF LOTS 1-10, BOTH INCISOUTH SHORE ADDITION, BEING A SUBDIVISION OF THE EAST 1/2 ON NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 5, EAMERIDIAN, (EXCEPT THE SOUTH 33 FEET THEREOF, TAKEN FOR THE STREET), IN COOK COUNTY, ILLINOIS.	OF THE SOUTHWEST 1/4 OF THE AST OF THE THIRD PRINCIPAL
2131-125-017	
That the deceased died NOVEMBER 23, 2000	
That the deceased died NOVEMBER 23, 2000 certified copy of death certificate of the deceased attached hereto.	, as evidenced by a
That the deceased died:	
Leaving no Last Will & Testament.	
Leaving a Last Will & Testament a copy of which is attached by unproven will should be filed with the Clerk of the Probate Division County, "Linesis."	
Leaving a Last Will & Testament which was filed in the Unprevenue Division of the Circuit Court of	en Will Box of the PorbateCounty, Illinois about
That the total value of the estate of the deceased, including both real and the deceased either individually or in joint tenancy at the time of the deat exceed the sum of FOUR HUNDRED FIVE THOUSAND AND XX/100	
Affiant makes this affidavit for that purpose of inducing the Common Company to issue its Title Insurance Policy, describing the above mentioned pro-	
Subscribed and sworn to before me by the said	
Am I Gal	Charles of the second of the s
Am I God Lill	ant's Signature)
Am I Had	ant's Signature)  ST. CSILOI  PRAIRIE TITLE

FORM 3032

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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I, SHEILA LYNE, RSM, 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 ORDINANCE OF SAID
LAW AND ORDINANCES.

NOV 28 2000

STATE OF ILLINOIS COUNTY OF COOK

		0814448014 Page: 2 of 2						
LOCAL REGISTRAR'S SIGNATURE  26a.   Illinois Department of Public Health—Division of Vital Records	ALCREMATION, OCEMETERY OF GENERAL DIRECTORS SIGNATURE  FRAL DIRECTORS SIGNATURE  CAGE MEMORIAL CHAPEL 7651 S. JEFFERY BLVD  FRAL DIRECTORS SIGNATURE  FRAL DIRECTORS SIGNATURE	AT IN MY OPINION BASED UPON MY INVESTIGATION AND ON THE DECEDENT WAS PEN. THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PEN. THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PEN. THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PEN. THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PEN. THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PEN. THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PEN. THE DECEDE	(D)  DUE TO, OR AS A CONSEQUENCE OF  (C)  DUE TO, OR AS A CONSEQUENCE OF  (C)  DATE OF INJURY (MONTH, DAY, YEAR)  (SPECIFY)  20b.  CC OF INJURY (AT HOME, FARM, STREET, LOCATION (CITY, 10)  TORY, OFFICE BUILDING, ETC.) (SPECIFY)  20g.	DECEASED-NAME DECEASED-NAME DECEASED-NAME DECEASED-NAME DECEASED NAME DE	ATION 6.10 45/ MEDICAL EXAMINER'S - CO			
	HICAGO, IL 6 FUNEFAL DIRECTOR'S LLAOSI  O 3 4 - 0 1  250.  DATE FILED BY LOCAL REGIST	HED (MA)	AUTOPSY MER AUTOPSY PROMOSAWALALE PROFITO (PESANO) 19a. 19b.	MAY 28 MAY 28 MAY 28 MAY 28 MAY 28 MONUMBER)  ON (SPECIFYONLY OFESMO) 13c. YES ON YES. FYES. SPECIFY: MIDDLE E W3 TANDOLORIFD. TANDOLORIFT. TANDOLOR	IDATE OF DEATH (MONTH, DAY, YEAR)			