



Doc#: 0817118000 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/19/2008 09:45 AM Pg: 1 of 2

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Deceased Joint Tenancy Affidavit

Mattie R. Drane, being duly sworn states that she resides at 2114 West 66th Street, in the City of Chicago.

That she was acquainted with John T. Drane, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 25 and 26 in Block 43 in South Lynne, a Subdivision of the North 1/2 of Section 19, Township 38 North, Range 14 East of the Third Principal Meridian, in Cook County, IL

CKA 2114 W. 66th Street, Chicago, IL
PTN 20-19-120-022

That the deceased died January 25, 2008, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

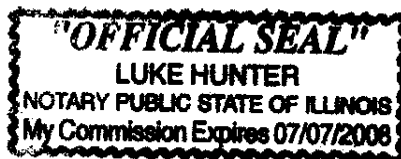
- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto.
- Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____.

That the total value of the estate of the deceased, for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed the sum of Fifty Thousand Dollars (\$50,000.00)

Subscribed and sworn to before me this 13th day of JUNE 2008

Mattie R. Drane
Affiant

Luke Hunter
Notary Public



UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10 LOCAL FILE NUMBER 601178

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (John T Drane (DRAIN)), 2. SEX (MALE), 3. DATE OF DEATH (JANUARY 25, 2008), 4. COUNTY OF DEATH (Cook), 5a. AGE AT LAST BIRTHDAY (68), 5b. UNDER 1 YEAR! (Months, Days, Hours, Minutes), 6. DATE OF BIRTH (FEBRUARY 21, 1939), 7a. CITY OR TOWN (CHICAGO), 7b. HOSPITAL OR OTHER INSTITUTION NAME (MERCY)

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

8. BIRTHPLACE (HORN LAKE MS), 9. SOCIAL SECURITY NUMBER (415-58-2124), 10. MARITAL STATUS AT TIME OF DEATH (Married), 11. SURVIVING SPOUSE'S NAME (MATTIE JORDAN), 12. EVER IN U.S. ARMED FORCES? (No), 13a. RESIDENCE (2114 W 66th St), 13b. APT. NO., 13c. CITY OR TOWN (CHICAGO), 13d. INSIDE CITY LIMITS? (Yes)

13e. COUNTY (Cook), 13f. STATE (IL), 13g. ZIP CODE (60636), 14. FATHER'S NAME (DREW DRANE), 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (MARTHA THOMPSON)

16a. INFORMANT'S NAME (MATTIE DRANE), 16b. RELATIONSHIP (WIFE), 16c. MAILING ADDRESS (2114 W 66th St CHGO IL 60636)

17. METHOD OF DISPOSITION (Cremation), 18. PLACE OF DISPOSITION (NEW PALTZ CEMETERY), 19. LOCATION - CITY, TOWN AND STATE (MEMPHIS TENNESSEE), 20. DATE OF DISPOSITION (FEBRUARY 4, 2008)

21a. FUNERAL HOME NAME (TAYLOR FUNERAL HOME), 21b. FUNERAL DIRECTOR'S SIGNATURE (Margaret B. Taylor), 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER (034-011950)

22. LOCAL REGISTRAR'S SIGNATURE (Gregory H. ...), 23. DATE FILED WITH LOCAL REGISTRAR (JAN 29 2008)

CAUSE OF DEATH (See instructions and examples) 24. PART I: Enter the chain of events - diseases, injuries or complications - that directly caused the death. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> a. Emphysema. b. c. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) - LAST

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? (No), 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (No)

27. DID TOBACCO USE CONTRIBUTE TO DEATH? (Yes), 28. IF FEMALE: Not pregnant within past 12 months, Pregnant at time of death, Pregnant within one year of death but time unknown, Unknown if pregnant within the past 12 months, 29. MANNER OF DEATH (Natural)

30. DATE OF INJURY, 31. TIME OF INJURY, 32. PLACE OF INJURY, 33. INJURY AT WORK?

34. LOCATION OF INJURY, 35. DESCRIBE HOW INJURY OCCURRED, 36. IF TRANSPORTATION, SPECIFY: Driver/Operator, Passenger, Other (specify)

37. I (DID/DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON (January 25, 2008), 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? (Yes), 39. DATE PRONOUNCED (Month/Day/Year) (January 25, 2008), 40. TIME OF DEATH (8:20 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, MD 1701 W MONTEREY, CHGO, IL 60643), 43. PHYSICIAN'S LICENSE NUMBER (036-080043)

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 (William Johnson MD)

Illinois Department of Public Health - Division of Vital Records (Based on the 2003 U.S. Standard Certificate) VR200 (Rev. 1/03)

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY WILL BE DESTROYED 10 YEARS AFTER DEATH

Signature of William Johnson MD

