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0821205115

Doc#: 0821205115 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/30/2008 11:37 AM Pg: 1 of 3

Deceased Joint Tenant Affidavit

State of Illinois }
 } ss.
County of COOK }

Date: 07/16/2008

File No.: RIL208937

Dawn Hney

, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

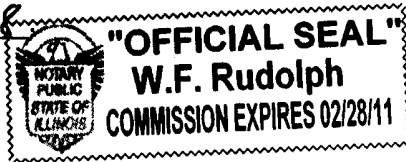
1. That he/she resides at: 12419 S. Bishop, Calumet Park IL 60827
2. That he/she was acquainted with Darry E. Hney who died on 6/15/2000, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 - leaving no will and last testament.
 - leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 275,000.00.

Dawn B. Hney
Affiant's Signature

Subscribed and sworn to before me this

14 day of JULY, 2008

W.F. Rudolph
Notary Signature



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STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

TYPE OR PRINT WITH BLACK INK

FILING DATE **JUN 22 2000**

CERTIFICATE OF DEATH

STATE FILE NUMBER **123**

DECEASED	1. NAME: Darryl Huey	2. SEX: M	3a. HOUR OF DEATH: 10:17 P.M.	3b. DATE OF DEATH: 6-15-00
	4. RACE: Black	5a. AGE AT LAST BIRTHDAY: 43	6. DATE OF BIRTH: 7-25-57	7a. COUNTY OF DEATH: Walthall
	7b. CITY OF TOWN OF DEATH: Tylertown	7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER: Walthall Co. Gen. Hospital	7d. IF IN HOSP. OR INST. SPECIFY: INT.	7e. STATE OF BIRTH: MS
	9. DECEDENT'S EDUCATION: High School	10. MARRIED-NEVER MARRIED: Married	11. SURVIVING SPOUSE: None	12. WAS DECEASED EVER IN U.S. ARMED FORCES? No
	13. ORIGIN OR DESCENT: American	14. SOCIAL SECURITY NUMBER: 326-54-785	15a. USUAL OCCUPATION: Baker	15b. KIND OF BUSINESS OR INDUSTRY: Hudson Bakery
	16a. RESIDENCE STATE: MS	16b. COUNTY: Walthall	16c. CITY OR TOWN: Jayess	16d. STREET AND NUMBER OR RURAL LOCATION: 270 Hope St.
PARENTS	17. FATHER NAME: Eugene J. Huey	18. MOTHER NAME: Ethel L. Auld		
INFORMANT	19a. INFORMANT NAME: Ethel L. Huey	19b. MAILING ADDRESS: 583 North Jayess MS 39641		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL: Burial	20b. CEMETERY, CREMATORY NAME: Crematory	20c. LOCATION: Jayess MS	20d. EMBALMER SIGNATURE AND NUMBER: Joyce R. ...
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH: Carla Mitchell, MD	22b. PRONOUNCED DEAD: 06/15/2000	22c. PRONOUNCED DEAD: 10:17 P.M.	
CERTIFIER	23a. CERTIFIER NAME: Carla Mitchell, MD	23b. MAILING ADDRESS: PO Drawer 32, Tylertown MS 39667		
Mississippi State Board of Health	24a. SIGNATURE: Carla Mitchell	24b. DATE SIGNED: 06/15/2000	24c. STATE LICENSE NUMBER: 14419	24d. TITLE: MD
Form No. 811 Revised 1-1-99	24e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: None	24f. DATE SIGNED: 06/15/2000		
CAUSE OF DEATH	25. PART I: IMMEDIATE CAUSE: FLASH Pulmonary edema	Interval between onset and death: None		
	25. PART II: OTHER SIGNIFICANT CONDITIONS: Pneumonia	Interval between onset and death: None		
	25. PART III: OTHER SIGNIFICANT CONDITIONS: Hypertensive Cardio myopathy	Interval between onset and death: None		
Had Decedent been Pregnant Within 90 Days Prior to Death?	26. PART II: OTHER SIGNIFICANT CONDITIONS: None	27. AUTOPSY: No	28. WAS CASE REFERRED TO MEDICAL EXAMINER? No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED: None	29b. DATE OF INJURY: 06/15/2000	29c. HOUR OF INJURY: 10:17 P.M.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED: None
	29e. INJURY AT WORK: No	29f. PLACE OF INJURY: None	29g. LOCATION: None	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE.

F. E. Thompson, Jr., M.D.
F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

Nita Cox Gunter
Nita Cox Gunter
STATE REGISTRAR

JUN 23 2000

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EXHIBIT "A"

LOT 40 (EXCEPT THE SOUTH 22 FEET THEREOF), LOT 41 AND THE SOUTH 8 FEET OF LOT 42 IN BLOCK 4 IN FREIDLANDER'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL ID NUMBER: 25-29-309-060-0000

COMMONLY KNOWN AS: 12419 SOUTH BISHOP STREET
CALUMET PARK, IL 60827

Property of Cook County Clerk's Office