

UNOFFICIAL COPY



Doc#: 0822105108 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/08/2008 11:28 AM Pg: 1 of 3

Stewart Title of Illinois
2 North LaSalle # 625
Chicago, Illinois 60602
312-849-4243
STCIL

**DECEASED JOINT
TENANT
AFFIDAVIT**

14-19-122-045 + 046

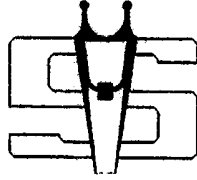
STEWART TITLE OF ILLINOIS
2 N. LaSalle Street
Suite 625
Chicago, IL 60602
312-849-4243
5/19/26

LOT 1 AND THE NORTH 16.11 FEET OF LOT 2 IN THE SUBDIVISION OF LOTS 23 AND 24 IN FRANK H. IRELAND'S SUBDIVISION OF THE SOUTH 1/2 OF THE EAST 1/2 OF LOT 3 IN GEORGE SELLER'S SUBDIVISION OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 19, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

3710 North Hoyne
Chicago, IL

3/13

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Sanctity of Contract

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

STCI File Number: TM 267038

SCOTT BAKER

being duly sworn states that he resides at 181 E 900 N. W. R. in the City of

LaPorte IN

That he was acquainted with MARY E BAKER deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

See Legal attached

That the deceased died 11-30-99 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 \$ 100,000 dollars.

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

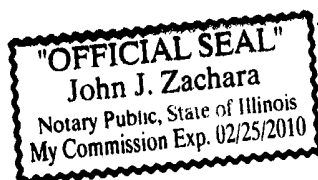
Subscribed and sworn to before me by the said

Scott Baker

this 23RD day of July, A.D. 2008.

Notary Public [Signature]

(Affiant's Signature)
[Signature]
SCOTT BAKER



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REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS STATE FILE NUMBER 620013

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF BIRTH MONTH DAY YEAR

1. COUNTY OF DEATH AGE-LAST BIRTH-DAY MONTH DAY YEAR UNDER 1 DAY UNDER 1 DAY UNDER 1 DAY DATE OF BIRTH MONTH DAY YEAR

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER GIVE STREET AND NUMBER) 6. POST OR POST OFFICE, CITY AND STATE

6a. Chicago 8b. Northwestern Memorial Hospital 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8a. MARRIED 8b. SCOTT J. BAKER 9. WAS DECEASED IN US ARMED SERVICES (YES/NO)

7. Aurora, Ill. 8a. MARRIED 8b. SCOTT J. BAKER 9. NO

SOCIAL SECURITY NUMBER 11a. Farmer 11b. Organic Producer 12. COUNTY

RESIDENCE (STREET AND NUMBER) 13a. 0181 E. 900 N. 13b. LaPorte 13c. No 14. LaPorte

13a. Indiana 13b. LaPorte 13c. No 14. LaPorte

FATHER-NAME FIRST MIDDLE LAST 15. John Strever 16. Roman

17a. Jackie Smith 17b. Medical 17c. 251 F. Huron Chicago, IL 60611

18. PART I Immediate Cause (final disease or condition resulting in death) Multiple Myeloma/ Respiratory Failure

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATED IN THE UNDERLYING CAUSE (b) DUE TO OR AS A CONSEQUENCE OF (c) DUE TO OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not stated in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. (MORTUARY) ATTENDANT (NAME OF DECEASED AND LAST SURVIVOR) NAME ON 21a. I did last attend November 30, 1999 TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOME OF DECEASED AND DUE TO THE CAUSE(S) STATED

22a. SIGNATURE (TYPE OR PRINT) NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Cameron Muir, M.D. 51 E. Huron Chicago, IL 60611

23. FUNERAL CREMATION, BURIAL, OR OTHER DISPOSITION 24a. River Hills 24c. Batavia, Illinois 24d. Dec. 3, 1999

25a. Conley Funeral Home 116 West Pierce Street Elmhurst, Illinois 60119-8049

25b. LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) DEC 03 1999

26a. 26b. (Seal area)

26c. 26d. (Seal area)

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

1. SHELLA 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 OBTAINANCE OF SAID LAW AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

Illinois Department of Public Health - Division of Vital Records