UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

520)		
STATE OF ILLINOIS COUNTY OF	\{ ss.	Order N	0
Sheltone	5, Stowe	U	being duly sworn
states that resides at	017 HUL	LAUE	in the City of
WESTCHESTER IL G	30154		0,
That wis acquainted	d with	IAS CO.	Stallworth
deceased who, at the time of	death, was one of	the owners of th	ne land in <u>Cook</u>
County, Illinois, described acc			
	2		
			Doc#: 0825434060 Fee: \$62.00 Eugene "Gene" Moore RHSP Fee:\$10.00
	0		Cook County Recorder of Deeds Date: 09/10/2008 11:23 AM Pg: 1 of 3
,	0/		
	' (
		0	
That the deceased died	11-03-2	2007	, as evidenced by a
certified copy of death certificate	of the deceased att	ached hereto.	
That the deceased died:	_		
Leaving no Last Will &			d basels (the original of the unproven
Leaving a Last Will & T will should be filed	with the Clerk	which is attache of the Probate ounty, Illinois.	ed here o. The original of the unproven by Division of the Circuit Court of
Leaving a Last Will & Division of the Circuit	Testament which	was filed in th	ne Unproven Will Fox of the Probate County, Illinois about
		1 1 1 1 1 - 1 - 4	the section of the se
That the total value of the e the deceased either individually exceed the sum of	estate of the decease or in joint tenancy	y at the time o	h real and personal property owned by f the death of the deceased, does not dollars.
Affiant makes this affidavit its Title Insurance Policy, describi	for that purpose of ing the above menti	inducing the Chi oned property.	icago Title Insurance Company to issue
Subscribed and sworn to bef	fore me by the said		
Shelton 6. S	sto wers		
this q day of	ubs , A.D. 49	2008	
Notary Publi	0	<u></u>	(affiant's signature)
(Notary 1 ubit	500000000	OFFICIAL SEAL	······································
FORM 3703	No My Corr	JOHN NOEL tary Public, State of III imission Expires Nov. (inols 05, 2008
	********	₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽ ₽	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

UNOFFICIAL COPY

Certified Copy of a Death Record

M oppos									
PERMANENT	REGISTRATION /	11 00	1		STATE OF			STAYE FILE NUMBER	
CERTIFICATE	DISTRICT NO.	6.92]	MEDICAL E	EXAMINE	R'S - CO	RONER'S		
TEMPORARY	REGISTERED	1711]			OF DEAT	Н		•
CERTIFICATE	NUMBER //	19"	CASE #		NOV 200		SEX	DATE OF DEATH	(MONTH, DAY, YEAR)
Type, or frint in	DECEASED -NAME		FIRST	MIDOLE	LAS	'	2. MALE		, 2007
PERMANENT INK See Coroner's	1. IROMAS C. STREEMORTH							LY, YEAR	
or Funeral Directors Handbook for INSTRUCTIONS	COUNTY OF DEATH								
INSTRUCTIONS	4. COOK	אופות תגמם פ	ICT NUMBER	5a.44	5b.	5c.	T IN EITHER, GIVE STI	EET AND NUMBER	IF HOSP, OR INST, (NOICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY)
								6c. ER	
	BIRTURI APE CITY AND STATE OR I MARRIED, NEVER MARRIED, NAME OF SURVIVING SPOUSE (MAIGEN NAME, IF WIFE)								WAS DECEASED EVER IN U.S. ARMED FORCES? (VES/NO)
DECEASED	7. CHICAGO, IL 8a. NEVER MARRIED			NONE			s, NO		
	SOCIAL SECURITY NO			USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY			College (1-4 or 5+)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10. 340-62-9753 11a. CLERK			ζ	11ь. 1	OST OFF	CE	12. 12	College (1-7-6)
	RESIDENCE ISTRET AND NO AL TO					CITY, TOWN, OR ROAD DISTRICT NO		IO. INSIDE CITY	13d.
+41====================================	13a. 617 HULL S1					HESTER		13 XES	COOK
	STATE		CODI	RACE - (WHITE, BLACK, A	MERICAN	OF HISPANIC	ORIGIN) (SPECIFY NO	OM VES-W VES, SPECIFY CU	BAN, MEXICAN, PUERTO RICAN, etc.)
	13e, ILLINOIS 13f. 00154 14a. BLACK 14b. T NO YES SPECIFY:								NE MAIDEN LAST
PARENTS	FATHER -NAME	FIRST	0	VDLE	(AST	MOTHER -NA		FIRST MIDO	RE MAIDEN LAST
	15. HENRY CH	RISTMON	SR			16. EDITI		MARTIN	THE STATE TIME
-	INFORMANT'S NAME				RELATIONSHIP	MAIL	12121REW H	ARRISON	CITY OR TOWN, STATE, ZIP)
_	17a. PEGGY	SCHWA			ED REC			IL 60612	APPROXIMATE INTERVAL
	18. PART I. Enter the	enume on much link.				ring, such as cardisc o	r respiratory arrest, st	OCK, OF HERFT PRINCIPAL CONT.	BETWEEN ONSET AND DEATH
	Immediate Cause (Final	<u>(</u> 2	CARDIA	A CONSEQUENCE OF	LA		<u> </u>		
	disease or condition resulting in death)	U	TUE TO, UK AS	A CONSEQUENCE OF	C'				
	CONDITIONS, IF AP	TT	D) HE TO OR AS	A CONSEQUENCE OF	(-)- -			<u> </u>	
	IMMEDIATE CAUSE STATING THE UND	(a)	10, 01 A	7	4	A			
CAUSE	LYING CAUSE LAST		c) na contributino ti	o death but not result	ing in the und	iriying druse give	n in PART (, A		UTOPSY FINDINGS AVAILABLE FRIOR TO
CAUSE		YES							
	NATURAL, ACCIDENT, HOMIC	SIDE, SUICIDE, UNDE	TERMINED DA	ATE OF INJURY (MO	NYH, DAY, YEAR)	HOUR	HOW	9a. VRC 19b. NJURY OCCURRED " 1 OR PART 11, ITEM 180	ENTER NATURE OF INJURY MENTIONED
	20a. NATTIRAL	•	20	Db.		20c.	n. 20d.	,	
99454499194BH46BH1F71BHH46781	INJURY AT WORK	PLACE OF IN	JURY (AT HOME, I	FARM, SYREET,	LOCATION	(CITY, VIL. OR TOV	774, 73k 7 (7 7 ; 13 1 140. i	DIST. NO., COUNTY, STATE	IF FEMALE, WAS THERE A FREE NANCY IN FAST THREE MONTHS
	20e.	20f.	equotied, 2100 tors		20g.		1/1		20h. YES NO
	I CERTIFY TH	AT IN MY OPIN	ION BASED UP	ON MY INVESTIGATIO	N AND/OR	THE DECEDEN	T WAS PROND		AT
K	THE INQUISITE	ON, THIS DEAT THE CAUSE(S)	STATED, AND	ON THE DATE, AT T	HE PLACE	21b. NO	3, 200		21c. 2:17 AM
· · · · · · · · · · · · · · · · · · ·									
	MEDICAL EXAMINER'S)	^				DATE SIGNED	IMONTH, DAY, YEAR
CERTIFIER	22a. /2000	y 5. J	may m	A. NANCY	L JONE	S, M.D.		22b. FE	В 10, 2008
CERTIFIER	22a. PHYSICIAN'S SIGNATU	RE S. G		NANCY	L JONE	S, M.D.	~ ()	22b. FE	B 10, 2008
	22a. PHYSICIAN'S SIGNATU 23a. MITRA B	RE KALELKA	R, M.D.	Mitra	_ K~	alka	CITY OR TOWN	22b. FE	B 10, 2008 (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) (10, 2008
CERTIFIER	22a. PHYSICIAN'S SIGNATU	RE KALELKA	AR, M.D.	CREMATORY-NA ME		CATION	CITY OR TOWN	22b. FE DATE STOPLO 23b. FX	MONTH DAY, YEAR B 10, 2008 (MONTH, DAY, YEAR) B 10, 2008 DATE DECENTED DAY, YEAR
CERTIFIER	22a. PHYSICIAN'S SIGNATU 23a. MITRA B BURIAL, CREMATION, SPECEY) 24a. BURIAL	RE KALELKA	AR, M.D.	CREMATORY-NA ME		CATION	CITY OR TOWN	22b. FE DATE STOPLO 23b. FX	B 10, 2008 (MONTH, DAY, VEAR) B 10, 2008 CMONTH, DAY, VEAR) B 10, 2008 DATE CMONTH, DAY, VEAR
CERTIFIER hwartz	22a. PHYSICIAN'S SIGNATU 23a. MITRA B BURIAL, CREMATION, SPECEY, 24a. BIRTAL FUNERAL HOME	KALELKA REMOVAL	CEMETERY OR 24b. LINC	CREMATORY-NAME OLN STREET AND NUMBER OF	E CO	CATION Ic. CHICAGO	TLLING	22b. FE DATE STOPLO 23b. STATE	MONTH DAY, YEAR B 10, 2008 (MONTH, DAY, YEAR) B 10, 2008 DATE MONTH, DAY, YEAR
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CERTIFIER hwadz	22a. PHYSICIAN'S SIGNATU 23a. MITRA B BURIAL, CREMATION, 24a. BIIR IAI FUNERAL HOME 25a. GOLDEN C FUNERAL DIRECTOR'S 25b. Yolanda	KALELKA REMOVAL SATE FH S SIGNATURE a Smith	CEMETERY OR 24b. LINC	CREMATORY-NAME OLN STREET AND NUMBER OF	E CO	CATION Ic. CHICAGO	LINOIS (22b. FE DATE SINTLE 23b. STATE 50620 UNERAL DIRECTOR'S	INIONTEL DAY, YEAR B 10, 2008 (MONTH, DAY, YEAR) B 10, 2008 DATE DESCRIPTION OF THE PROPERTY OF THE PROPER
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CERTIFIER hward DISPOSITION	22a. PHYSICIAN'S SIGNATU 23a. MITRA B BURIAL, CREMATION, 24a. BIRTAL FUNERAL HOME 25a. GOLDEN C FUNERAL DIRECTOR'S 25b. Yolanda LOCAL REGISTAR 26a. VR202 (Rev. 8/9)	RE KALELKA REMOVAL SATE FH S SIGNATURE a Smith S SIGNATURE B SIGNATURE C SOCCEOUNT	24b.LINC	CREMATORY-NAME OLN TYPET AND NUMBER OF 79TH STREI	ET CHI	CATION IC. CHICAGO CAGO, ILI INOIS 60162 C Health - Offer	LINOIS C	22b. FE DATE SUPED 23b. STATE DIS STATE 60620 UNERAL DIRECTOR'S 15c. 03401610 PATE FILED BY LOCAL 16b. Ware Records Records Records Records	INIONTH DAY, YEAR B 10, 2008 (MONTH, DAY, YEAR) B 10, 2008 DATE DMONTH, DAY, YEAR 24dNOV 10, 2007 ILLINOIS LICENSE NUMBER 0 L REGISTRAR (MONTH, DAY, YEAR) L 14, 2008
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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 facie evidence of the facts

0825434060 Page: 3 of 3

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Legal Description

inises commonly known as

DOOP (

617 Hull Avenue

Westchester, IL 60154

LOT 146 IN WILLIAM ZELOSKY'S 2ND TERMINAL ADDITION TO WESTCHESTER, A SUBDIVISION OF LOTS 10 AND 11 IN SCHOOL TRUSTEE'S SUBDIVISION OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

-fort 15-16-304-012-0000