

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

Shelton G. Stowers

being duly sworn

states that I resides at 617 HULL AVE in the City of

Westchester IL 60154

That I was acquainted with Thomas C. Stallworth

deceased who, at the time of _____ death, was one of the owners of the land in COOK County, Illinois, described as:



Doc#: 0825434060 Fee: \$62.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/10/2008 11:23 AM Pg: 1 of 3

That the deceased died 11-03-2007, 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 _____ dollars.

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

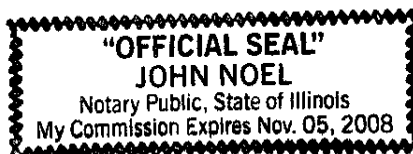
Subscribed and sworn to before me by the said

Shelton G. Stowers

this 9 day of September, A.D. 2008

John Noel
Notary Public

[Signature]
(affiant's signature)



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Certified Copy of a Death Record

 PERMANENT CERTIFICATE

 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. <u>16-92</u>
REGISTERED NUMBER <u>1174</u>

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

CASE #: 40 NOV 2007

DECEASED - NAME 1. THOMAS C. STALLWORTH		SEX 2. MALE	DATE OF DEATH 3. NOV 3, 2007
COUNTY OF DEATH 4. COOK		AGE - LAST BIRTHDAY (YRS) 5a. 44	DATE OF BIRTH (MONTH, DAY, YEAR) 5b. AUG 10, 1963
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TWP		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. LOYOLA UNIVERSITY	IF HOSP. OR INST. INDICATE D.O.A., OP/EMER, RM, INPATIENT (SPECIFY) 6c. ER
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. CHICAGO, IL		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. NEVER MARRIED	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. NONE
SOCIAL SECURITY NUMBER 10. 340-62-9763		USUAL OCCUPATION 11a. CLERK	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12
RESIDENCE (STREET AND NUMBER) 13a. 617 HULL ST		CITY, TOWN, OR ROAD DISTRICT NO. 13b. WESTCHESTER	INSIDE CITY (YES/NO) 13c. YES
STATE 13e. ILLINOIS		ZIP CODE 13f. 60154	RACE - (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK
FATHER - NAME 15. HENRY CHRISTMON SR		MOTHER - NAME 16. EDITH MARIE MARTIN	OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:
INFORMANT'S NAME (TYPE OR PRINT) 17a. PEGGY SCHWARTZ		RELATIONSHIP 17b. MED REC	MAILING ADDRESS (FOR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. CHICAGO, IL 60612
18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) CARDIAC ARRHYTHMIA DUE TO, OR AS A CONSEQUENCE OF			
(b)			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) 20a. NATURAL			19b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DATE OF INJURY (MONTH, DAY, YEAR) 20b.		HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18) 20d.
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20e.		LOCATION (CITY, VIL OR TOWN, OR V.P. OR RD. DIST. NO., COUNTY, STATE) 20g.	IF FEMALE, WAS THERE A PREGNANCY IN FAST THREE MONTHS? 20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT		THE DECEDENT WAS PRONOUNCED DEAD ON 21b. NOV 3, 2007	AT 21c. 2:17 AM.
MEDICAL EXAMINER'S SIGNATURE 22a. <i>Nancy L. Jones, M.D.</i> NANCY L. JONES, M.D.		DATE SIGNED 22b. FEB 10, 2008	
PHYSICIAN'S SIGNATURE 23a. <i>Mitra B. Kalelkar, M.D.</i> MITRA B. KALELKAR, M.D.		DATE SIGNED 23b. FEB 10, 2008	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL		CEMETERY OR CREMATORY-NAME 24b. LINCOLN	LOCATION (CITY OR TOWN, STATE) 24c. CHICAGO, ILLINOIS
FUNERAL HOME 25a. GOLDEN GATE FH 2036 W 79TH STREET CHICAGO, ILLINOIS 60620		DATE 24d. NOV 10, 2007	
FUNERAL DIRECTOR'S SIGNATURE 25b. Yolanda Smith		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034016100	
LOCAL REGISTRAR'S SIGNATURE 26a. <i>Gaby Rivera</i> HILLSIDE ILLINOIS 60162		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. March 14, 2008	

VR202 (Rev. 8/93)

Illinois Department of Public Health - Office of Vital Records

BASED ON 1989 U.S. STANDARD CERTIFICATE

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE MAR 1 2008SIGNED Gaby RiveraAT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

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.

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Property of Cook County Clerk's Office

Legal Description

ises commonly known as _____

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.

Pa # 15-16-304-012-0000

Cook County Clerk's Office