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0827616046

Doc#: 0827616046 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/02/2008 02:26 PM Pg: 1 of 3

Property of Cook County Clerk's Office

JOINT TENANCY AFFIDAVIT

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Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

} ss.

Order No. _____

PATRICIA DISPENSA being duly sworn
states that she resides at 12511 S. JUSTINE ST.
CALUMET PARK, IL 60827 in the City of

That she was acquainted with JOHN DISPENSA
deceased who, at the time of HIS death, was one of the owners of the land in COOK
County, Illinois, described as:

PERMANENT INDEX NUMBER (PIN): 25-29-314-005-0000

LOT 5 IN BLOCK 3, IN NATIONAL REALTY ASSOCIATION'S
CALUMET HIGHLANDS, A SUBDIVISION IN THE WEST HALF
OF THE SOUTH HALF OF THE SOUTH WEST QUARTER OF SECTION
29, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

That the deceased died SEPTEMBER 26, 1978, 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

PATRICIA DISPENSA

this 26 day of September, A.D. 2008

Mary Franker
Notary Public

Patricia Dispensa
(affiant's signature)



STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO 16.34 REGISTERED NUMBER

DECEASED NAME: John Dispensa; DATE OF DEATH: September 26, 1998; COUNTY OF DEATH: Cook; MARRIED: Married; OCCUPATION: Unit Cylinder; CAUSE OF DEATH: Ischemic (cardiomyopathy); SIGNATURE: Charles J. Davis

I HEREBY CERTIFY THAT the foregoing is a true correct copy of the DEATH record for the person named within and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTH, STILLBIRTHS AND DEATHS.

DATED OCT 02 1998 SIGNED Charles J. Davis LOCAL REGISTRAR, HARVEY, ILLINOIS

The original of this record is permanently filed with the Illinois Department of Public Health in Springfield. County Clerks and local Registrars are authorized to make certifications from copies of records. The Illinois Statutes further provides that the certification of a death record by the Dept. of Health, Local Registrars and the County Clerk, shall be prima facie evidence in all courts and places of the facts therein stated.