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Doc#: 0828313019 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/09/2008 10:11 AM Pg: 1 of 3

Property of Cook County Clerk's Office

AFFIDAVIT OF SURVIVING  
SPOUSE

Please Return Document To:

First American Title Insurance Co.  
Lenders Advantage  
1100 Superior Avenue, Suite 200  
Cleveland, Ohio 44114  
ATTN: National Recordings

Parcel Number:

25-02-316-003

F/A # 12807483

*SP  
25  
02  
316  
003  
FA  
12807483  
NO*

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STATE OF ILLINOIS  
COUNTY OF DUPAGE

**AFFIDAVIT OF SURVIVING SPOUSE  
OR JOINT SURVIVORSHIP  
O.R.C. 5302.17**

**Andrew Kohl**, being first duly sworn, deposes and says:

- 1) That she/he **DOROTHY L BAILEY** and **OTIS C BAILEY** are joint owners of property under a duly recorded survivorship or tenancy by entireties deed.
- 2) Said property is known as **1107 E93rd., Chicago**, Cook County, State of Illinois, and is further described as Permanent Parcel **#25-02-316-003** on the records of the **Cook** County Assessor. A full legal description of said property is stated in the survivorship or entireties deed which is recorded in the records of the Cook County Recorder as Recording #0329115080 and a copy of the legal description which is attached hereto.\*
- 3) That **Dorothy L Bailey** died on or about **May 7, 2004**, at **1107 E. 93rd, Chicago**, and said certificate of death is attached hereto.
- 4) That by virtue of the death of the party listed in Item #3 above, she/he is the fee simple owner of the above described property.

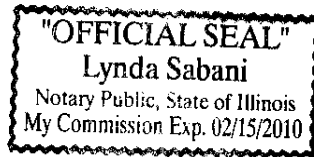
\*Excepting:

*Andrew Kohl*  
\_\_\_\_\_

Sworn to and subscribed before me this 2nd day of October, 2008.

*Lynda Sabani*  
\_\_\_\_\_  
Notary Public

*L. SABANI*  
Prepared by: First American Bank  
Address: 80 Stratford Dr.  
Bloomington, IL. 60108



Rev 2/2000

# UNOFFICIAL COPY

CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

1. DECEASED-NAME  
**Dorothy Lee Bailey**  
 SEX **Female**  
 2. DATE OF DEATH **July 09, 2004**  
 3. COUNTY OF DEATH **Chicago**  
 4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**  
 5a. AGE-LAST BIRTHDAY (YRS) **54.01**  
 5b. UNDER 1 YEAR **54**  
 5c. UNDER 1 DAY **54**  
 6. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER)  
**Trinity Hospital**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
**Married**  
 8. NAME OF SURVIVING SPOUSE (Maiden Name, if wife)  
**Otis Bailey**  
 9. USUAL OCCUPATION  
**Clerk**  
 10. RESIDENCE (STREET AND NUMBER)  
**1107 E. 93rd St.**  
 11. CITY, TOWN, TWP. OR ROAD DISTRICT NO.  
**Chicago**  
 12. INSIDE CITY (YES/NO)  
**Yes**  
 13. COUNTY  
**Cook**

14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.)  
**Black**  
 15. FATHER-NAME FIRST MIDDLE LAST  
**Henderson Thomas**  
 16. MOTHER-NAME FIRST MIDDLE LAST  
**Emma Washington**  
 17. RELATIONSHIP  
**Records**  
 18. PART I. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
**7838 S. Cottage Grove Chicago, IL 60619**

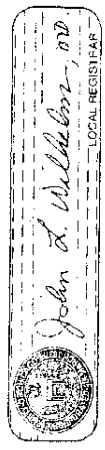
19. Immediate Cause (Final disease or condition resulting in death)  
**(a) Acute Myocardial Infarction**  
 (b) DUE TO, OR AS A CONSEQUENCE OF  
**Sudden**  
 (c) DUE TO, OR AS A CONSEQUENCE OF

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
**1. Hypertension & Diabetes Mellitus - Insulin Required**  
 20. DATE OF OPERATION, IF ANY  
**05-07-2004**  
 21. MAJOR FINDINGS OF OPERATION  
**Shaw, Brown MD**  
 22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
**Sunt Wana, MD 8046 S. Cottage Grove Chicago IL 60619**  
 23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24. BURIAL, CREMATION, REMOVAL (SPECIFY)  
**Burial**  
 24a. CEMETERY OR CREMATORY NAME  
**Leak and Sons Funeral Home**  
 24b. STREET AND NUMBER OR R.F.D.  
**7838 s Cottage Grove Chicago, Illinois**  
 24c. CITY OR TOWN  
**Chicago, Illinois**  
 24d. LOCATION  
**Chicago, Illinois**  
 25. DATE SIGNED (MONTH, DAY, YEAR)  
**07-13-2004**  
 25a. HOUR OF DEATH  
**5:29 PM**  
 25b. ILLINOIS LICENSE NUMBER  
**036-046392**  
 25c. DATE (MONTH, DAY, YEAR)  
**7/16/2004**

26. FUNERAL DIRECTOR'S SIGNATURE  
**John A. Walker, M.D.**  
 26a. LOCAL REGISTRAR'S SIGNATURE  
**John A. Walker, M.D.**  
 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**JUL 15 2004**  
 26c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
**031-007489**  
 26d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**JUL 15 2004**

27. STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 JUL 15 2004  
 I, JOHN L. WILHELM M.D., 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.