



Doc#: 0831833141 Fee: \$62.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/13/2008 01:52 PM Pg: 1 of 3

Deceased Joint Tenant Affidavit

State of Illinois)
County of Cook)

Alice M. Lee Being duly sworn states that he/she resides
(AFFIANT)
Illinois in the City of Chicago

That he/she was acquainted with Johnson Lee deceased, who at the
time of his/her death, was one of the owners of the land in Cook County, IL
described as:

See Exhibit "A" attached hereto and make a part hereof

That the deceased died on 05-25, 2008, as evidenced by a
certified copy of the death certificate of the deceased attached hereto.

That the deceased died: _____ leaving no Last Will & Testament

_____ Leaving a Will & Testament a copy of
which is attached hereto. The original unproved will, should be filed with the Clerk of the
Probate Division of the Circuit Court of _____ County, IL.

_____ Leaving a Last Will & Testament which
was filed in the Unproved Will Box of the Probate Division of the Circuit Court of _____
County, IL, about the date of _____

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 \$ _____.

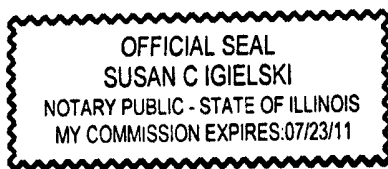
Affiant makes this affidavit for the purpose of inducing Title Company of America, Inc./Lawyers
Title Insurance Corporation, to issue its Title Insurance Policy, describing the above mentioned
property.

ABLE0808-1105R

Alice M Lee
(AFFIANT)

Subscribed and sworn to before me this

14th Day of October
October, ~~2007~~ 2008



Susan C Igielski
NOTARY PUBLIC

prepared by Alice M Lee
mail to Able title ins.
18W 100 2nd St
Oak Brook Terrace, IL 60181

UNOFFICIAL COPY

Commitment Number: 0808-11058

EXHIBIT A PROPERTY DESCRIPTION

The land referred to in this Document is described as follows:

LOTS TEN (10) IN THE SUBDIVISION OF LOTS TWENTY-SIX (26) TO FORTY-SIX (46) BOTH INCLUSIVE IN BLOCK SEVEN (7) IN T. P. PHILLIPS' EQUITABLE LAND ASSOCIATION ADDITION TO CHICAGO, IN THE SOUTHEAST QUARTER OF SECTION TWENTY-TWO (22), TOWNSHIP THIRTY-NINE (39) NORTH, RANGE THIRTEEN (13), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN# 16-22-416-0 5 0000

CKA: 4120 WEST CULLERTON STREET, CHICAGO, IL 60623

Property of Cook County Clerk's Office

UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **18.10**
LOCAL FILE NUMBER **607129**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) JOHNSON C. LEE		2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (5-dig. month) MAY 25, 2008
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Month/Day/Year) 79	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6. CITY OR TOWN CHICAGO	7. HOSPITAL OR OTHER INSTITUTION NAME (If not in street, give street and number) MOUNT SINAI HOSPITAL MEDICAL CENTER		
8. PLACE OF DEATH (Check only one, see instructions) IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
9. BIRTHPLACE (City and State or Foreign Country) Montross, VA	10. SOCIAL SECURITY NUMBER 238-304680	11. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown	12. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) Alice Marie Holmes
13a. RESIDENCE (Street and Number) 4120 W. Cullerton St	13b. APT. NO. Chicago	13c. CITY OR TOWN Chicago	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14a. COUNTY Cook	14b. STATE IL	14c. ZIP CODE 60623	15. FATHER'S NAME (First, Middle, Last) Rev. Johnson B. Lee
16. INFORMANT'S NAME Alice Marie Lee		17. RELATIONSHIP Wife	18. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 4120 W. Cullerton St, Chicago, IL 60623
19. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____	20. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Oakridge	21. LOCATION - CITY, TOWN AND STATE Hillside, IL	22. DATE OF DISPOSITION (Month/Day/Year) 5-30-2008
23. FUNERAL HOME NAME Wallace Broadview Funeral Home		24. STREET AND NUMBER 2020 Roosevelt Rd Broadview, IL 60155	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Deirdre Wallace</i>		26. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-9351	
27. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason</i>		28. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)	
29. CAUSE OF DEATH (See instructions and examples) PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease (Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Acute renal failure		Due to (or as a consequence of): Colorectal carcinoma	
Underlying Cause (Disease or injury that initiated the events resulting in death) LAST Colorectal carcinoma		Due to (or as a consequence of):	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
29. DATE OF INJURY (Month/Day/Year)		30. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	31. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
32. LOCATION OF INJURY (Street and Number) Apartment Number		33. CITY OR TOWN State	
34. DESCRIBE HOW INJURY OCCURRED.		35. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
36. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No		37. IF FEMALE <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death but term, percentum <input type="checkbox"/> Unknown if pregnant within the past 12 months	
38. DATE OF INJURY (Month/Day/Year)		39. TIME OF INJURY	
40. LOCATION OF INJURY (Street and Number)		41. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
42. DESCRIBE HOW INJURY OCCURRED.		43. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____	
44. I (THE) (HE) (SHE) (IT) (WE) (THEY) (NOT) (ATTEND) THE DECEASED AND LIST BIRTH (MONTH/DAY/YEAR) AND LIST BIRTH (MONTH/DAY/YEAR) OF DEATH 5/25/08		45. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
46. DATE CERTIFIED (Month/Day/Year) 5/25/08		47. DATE PRONOUNCED (Month/Day/Year) 5/25/08	
48. TIME OF DEATH 3:29 P.M.		49. TIME OF DEATH <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
50. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
51. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Form 24) SHAWN HULBERT 1500 S. CALIFORNIA AVE, CHICAGO, IL 60608		52. PHYSICIAN'S LICENSE NUMBER 036-075939	
53. TITLE OF CERTIFIER ATTORNEY AT LAW		54. DATE CERTIFIED (Month/Day/Year) 5/25/08	
55. SIGNATURE OF CERTIFIER <i>Shawn Hulbert</i>		56. SIGNATURE OF REGISTRAR <i>Jerry Mason</i>	

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

VR200 (Rev. 1/08)

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY MUST BE FILED WITH THE LOCAL HEALTH DEPARTMENT WITHIN 10 DAYS OF DEATH.

Shawn Hulbert

1. I, THE REGISTRAR, AKA, LOCAL REGISTRAR OF VITAL STATISTICS OF COOK COUNTY, I AM THE REGISTRAR OF THE RECORDS OF BIRTH, 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. I HEREBY ACKNOWLEDGE THE ACCURACY OF THE INFORMATION ON THIS CERTIFICATE AS A TRUE COPY OF A RECORD COPY BY ME OR ASSISTANTS OR SAID LOCAL HEALTH DEPARTMENT.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAY 27 2008