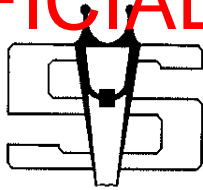


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05/1/0023 20 001 Page 1 of 3
1999-10-25 10:29:19
Cook County Recorder 47.50



Sanctity of Contract



09000323

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF Cook) SS.

STCI File Number: 86883

3MS

Gwendolyn M. Allen

being duly sworn states that she resides at 8217 S. Sangamon the City of Chicago, Ill. 60620

That she was acquainted with Sue Helm deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as:

That the deceased died April 11, 1987, 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 Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

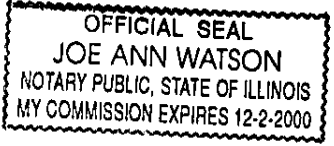
Subscribed and sworn to before me by the said

affiants

this 24 day of September, A.D. 1999

Joe Ann Watson
Notary Public

Gwendolyn M. Allen
(Affiant's Signature)



UNOFFICIAL COPY

LEGAL DESCRIPTION

EXHIBIT "A"

File No.: 86883

09000323

Lot 30 in Block 14 in Chester Highlands 3rd Addition to Auburn Park in the East 7/8 of the Southeast 1/4 of the Northeast 1/4 of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Pin# 20-32-228-004

Property of Cook County Clerk's Office



I, STANLEY T. KUSPER, JR., County Clerk of the County of Cook, in the State aforesaid, do hereby certify that the attached is a true and correct copy of the original Record on which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

Stanley T. Kusper, Jr.
County Clerk

09000323

JAN 11 1988

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH 87 024418

| | | | | | |
|--|--|---|--|--|---|
| REGISTRATION DISTRICT NO 16:33 | REGISTERED NUMBER 332 | DECEASED—NAME 1. SUE HELM | | SEX 2 Female | DATE OF DEATH 3 April 11, 1987 |
| RACE—(WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 4a. Black | | ORIGIN OR DESCENT 5a. American | AGE—LAST BIRTHDAY (MOS., YRS.) 5b. 61 | UNDER 1 YEAR 5c. | DATE OF BIRTH (MO., DAY, YEAR) 6. July 8th, 1925 |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 7a. Evergreen Pk. | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. Little Company Of Mary | | HOSP. OR INST. INDICATED AS OF EITHER, RM. INPATIENT (SPECIFY) DOA | |
| STATE OF BIRTH (IF NOT IN U.S.A. NAME, COUNTRY) 8. Tenn. | | CITIZEN OF WHAT COUNTRY 9. U.S.A. | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed | |
| SOCIAL SECURITY NUMBER 12. 408-26-663 0 | | USUAL OCCUPATION 13a. Insp. | | KIND OF BUSINESS OR INDUSTRY 13b. Ball Glass Cnt. | |
| RESIDENCE—STREET AND NUMBER 14a. 8217 So. Sangamon | | CITY, TOWN, TWP. OR ROAD DISTRICT NO. 14b. Chicago | | INSIDE CITY 14c. Yes | COUNTY 14d. Cook |
| STATE 14e. Ill | | FATHER—NAME 15. Burnice Porter | | MOTHER—MAIDEN NAME 16. Annie Mayes | |
| INFORMANT NAME (TYPE OR PRINT) 17a. Gwendolyn Helm Allen | | RELATIONSHIP 17b. Dctr. | MAILING ADDRESS 17c. 8217 So. Sangamon Chgo, Ill | | |
| 18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) | | | | | |
| PART I. IMMEDIATE CAUSE | | (a) <i>Cardiorenal arrest</i> | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| DUE TO OR AS A CONSEQUENCE OF: | | (b) <i>Pleura lues onctal decubital abdominal metastasis</i> | | Jan 85 | |
| CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. | | (c) <i>adenocarcinoma of colon</i> | | Jan 85 | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I. <i>Hypertension</i> | | | | | |
| DATE OF OPERATION, IF ANY 20a. Sept 1986 | MAJOR FINDINGS OF OPERATION 20b. <i>adenocarcinoma of colon</i> | | AUTOPSY (YES/NO) 21a. No | IF FEMALE WAS THERE A PREG. NANCY IN PAST THREE MONTHS? 21b. YES/NO | |
| (I) (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 4-1-87 | | (MONTH, DAY, YEAR) | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) 21b. NO | HOUR OF DEATH 21c. 2:33 P.M. | |
| 22a. SIGNATURE <i>Corazon R. Bufa</i> | | NAME AND ADDRESS OF CERTIFIER 1222 W. 95th St. Chgo, Ill | | DATE SIGNED (MO., DAY, YR.) 22b. 4-12-87 | |
| 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) | | ILLINOIS LICENSE NUMBER 3645330 | | 22d. | |
| 23. BURIAL, CREMATION, REMOVAL (specify) 24a. Burial | | | | | |
| CEMETERY OR CREMATORY—NAME 24b. Restvale | | LOCATION 24c. Alsip, Ill | | DATE (MONTH, DAY, YEAR) 24d. 4-16-87 | |
| 25a. FUNERAL HOME A.R. LEAK FUNERAL HOME 7838 So. Cottage Gr. Chgo, Ill 60619 | | | | | |
| FUNERAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i> | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 4390 | | 25c. | |
| LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i> | | DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) APRIL 23, 1987 | | 26b. | |

Type or Print in Permanent Ink
Funeral Directors, Priest, or Physicians
Handbook for INSTRUCTIONS

DECEASED

PARENTS

CAUSE

CERTIFIER

DISPOSITION