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Doc#: 0900545126 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/05/2009 11:29 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
COUNTY OF Cook) SS

Edna Carthan A/K/A Edna M. Carthan, hereby referred to as the affiant, states under oath that the affiant resides at 12439 South Ada, Calumet Park, IL 60827; that the affiant was acquainted with Corrine Jackson; at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

LOT 23 (EXCEPT THE SOUTH 20 FEET OF SAID LOT) AND ALL OF LOT 24 IN BLOCK 2 IN CALUMET RIDGE, A SUBDIVISION OF THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF THE SOUTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NO.: 25-29-310-072-0000

COMMONLY KNOWN AS: 12439 SOUTH ADA, CALUMET PARK, IL 60827

The decedent died on 8/29/2008, leaving not leaving (circle one) a last will and testament;

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The total value of decedent's estate, including the taxable interest in the above property, is \$0.00, and that the value of the above property individually is \$0.00;

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold TCF National Bank harmless and to reimburse TCF National Bank for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that TCF National Bank may suffer, expend or incur by reason of the issuance of a Deed in Lieu Package over any of the following objections:

1. Claims against the estate of Corrine Jackson, deceased, the decedent;
2. State Estate/Inheritance Tax and Federal Estate Tax that may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights of contribution.

Edna M. Carthan
Edna Carthan A/K/A Edna M. Carthan

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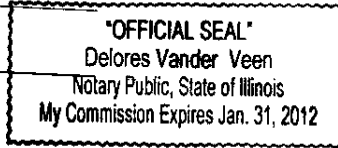
JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

19th day of November, 2008
(Month) (Year)

Delores Vander Veen
(Notary Public)

My commission expires: _____



This instrument prepared by:
David T. Cohen & Associates, LTD.
10729 W. 159th Street
Orland Park, IL 60467

Return to:
David T. Cohen & Associates, LTD.
10729 W. 159th Street
Orland Park, IL 60467

Property of Cook County Clerk's Office

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0		STATE FILE NUMBER	
LOCAL FILE NUMBER		CORRINE Jackson	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last)		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) August 29, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 91	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN CALUMET PARK		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 12439 Ada	
7c. PLACE OF DEATH (Check only one - see instructions) <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival		7d. PLACE OF DEATH (Check only one - see instructions) <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): Hospic	
8. BIRTHPLACE (City and State or Foreign Country) MARVELL AR	9. SOCIAL SECURITY NUMBER 323-24-5361	10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) NONE		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 12439 S. ADA		13b. APT. NO.	13c. CITY OR TOWN CALUMET PARK
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14. FATHER'S NAME (First, Middle, Last) LEVI BANKS		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) CATHERINE JOHNSON
16a. INFORMANT'S NAME EDNA CARTHAN	16b. RELATIONSHIP DAUGHTER	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 838 E. 88th PLACE 1FL CHICAGO, IL 60644	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify):	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) RESTVALE CEMETERY		19. LOCATION - CITY, TOWN AND STATE CHICAGO, IL
20. DATE OF DISPOSITION (Month/Day/Year) SEPTEMBER 6, 2008		21a. FUNERAL HOME NAME Gatling's Chapel Inc	
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Adrian Hayes</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-14703	
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 05 2008	
24. 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 I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>COLON CANCER</u> Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ 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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No	26. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months	27. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		29. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
33. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code		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 (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (Month/Day/Year)	
37. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		38. DATE PRONOUNCED (Month/Day/Year) AUGUST 29, 2008	39. TIME OF DEATH 6:27 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.
40. CERTIFIER (Check only one): <input 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 checked="" 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.			41. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) RACHAN CRUCH, M.D. 30 E. 15th St. Chicago HTS, IL 60611
42. TITLE OF CERTIFIER M.D.		43. DATE CERTIFIED (Month/Day/Year) 9-3-08	44. PHYSICIAN'S LICENSE NUMBER 056-085698
45. SIGNATURE OF CERTIFIER <i>David Orr</i>		46. SIGNATURE OF COUNTY CLERK <i>David J. Orr</i>	

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

September 5, 2008

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, 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.

David J. Orr
COUNTY CLERK