0900647049

Doc#: 0900647049 Fee: $62.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 01/06/2009 09:44 AM Pg: 1 of 3

JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
) SS
COUNTY OF C O O K)

Vienne M. Lee,
hereby referred to as the affiant, states under oath that the affiant resides at 344 West Swann Street
In the City of Chicago,
State of Illinois;
that the affiant was acquainted with Robert E. Lee,
the decedent; at the time of death, the decedent was one of the owners of property, by virtue of a property recorded joint tenancy deed, said property located in Cook County, State of Illinois, and legally described as follows:

Lot 46 in Ballin's Subdivision of the North 1/2 of the West 1/2 of the Northwest 1/4 of the Southwest 1/4 of Section 8, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index No. 20-04-440-013-0000
Commonly Known As: 344 West Swann Street, Chicago, Illinois 60609

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 decedent died on May 15, 2008, leaving no last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was $ 200,000, and that the value of the above property individually was $ 200,000.

The State and 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 makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.

JOINT TENANCY AFFIDAVIT
(continued)

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATG harmless and to reimburse ATG for all loss, costs, damages, suits, attorney's fees and expenses of every kind and nature that ATG may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of Robert E. Lee, 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.

Vienne Lee (Seal)
Vienne M. Lee

(Seal)

Subscribed and sworn to before me this
30th day of December, 2008
(Month) (Year)

Richard L Hutchison
(Notary Public)

OFFICIAL SEAL
RICHARD L HUTCHISON
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:04/21/12

Note: If the decedent left a will, it will be necessary that the original or certified copy thereof be presented to ATG for inspection. A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:
Richard L. Hutchison
(Name)
16860 S. Oak Park Avenue
(Address)
Tinley Park, Illinois 60477
(City, State, Zip)

Return to:
Richard L. Hutchison
(Name)
16860 S. Oak Park Avenue
(Address)
Tinley Park, Illinois 60477
(City, State, Zip)

STATE OF ILLINOIS
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.10
LOCAL FILE NUMBER 606882
STATE FILE NUMBER

(Based on the 2003 U.S. Standard Certificate)

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last): ROBERT LEE		2. SEX: MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month): MAY 15, 2008
4. COUNTY OF DEATH: COOK	5a. AGE AT LAST BIRTHDAY (Years): 77	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Month/Day/Year): May 4, 1931
7a. CITY OR TOWN: CHICAGO	7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number): THE UNIVERSITY OF CHICAGO MEDICAL CENTER		
7c. PLACE OF DEATH (Check only one; see instructions): IF DEATH OCCURRED IN A HOSPITAL: [X] Inpatient [ ] Emergency Room/Outpatient [ ] Dead on Arrival. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: [ ] Hospice facility [ ] Nursing Home/Long-term care facility [ ] Decedent's home [ ] Other (Specify):			
8. BIRTHPLACE (City and State or Foreign Country): Chicago, IL	9. SOCIAL SECURITY NUMBER: 349-24-9235	10. MARITAL STATUS AT TIME OF DEATH: [X] Married [ ] Married but separated [ ] Widowed [ ] Divorced [ ] Never Married [ ] Unknown	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage): Vienne Buckner	12. EVER IN U.S. ARMED FORCES? [ ] Yes [X] No
13a. RESIDENCE (Street and Number): 344 W. Swann St.	13b. APT. NO.	13c. CITY OR TOWN: Chicago	13d. INSIDE CITY LIMITS? [X] Yes [ ] No	
13e. COUNTY: Cook	13f. STATE: IL	13g. ZIP CODE: 60609	14. FATHER'S NAME (First, Middle, Last): Charles Russell Lee	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last): Leanna Brown
16a. INFORMANT'S NAME: MAYBLEINE GIGGERS	16b. RELATIONSHIP: HOSPITAL RECORDS	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code): 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637		
17. METHOD OF DISPOSITION: [ ] Burial [X] Cremation [ ] Donation [ ] Entombment [ ] Other (Specify):	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other): The Lakes	19. LOCATION - CITY, TOWN AND STATE: Lake Villa, IL	20. DATE OF DISPOSITION (Month/Day/Year): May 24, 2008	
21a. FUNERAL HOME NAME / STREET AND NUMBER / CITY OR TOWN / STATE / ZIP: Travis Funeral Home, LLC 14338 S. Indiana Ave. Riverdale, IL 60827				
21b. FUNERAL DIRECTOR'S SIGNATURE: J.C. Travis		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-014179		
22. LOCAL REGISTRAR'S SIGNATURE		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year): 052108		

CAUSE OF DEATH (See instructions and examples)

24. 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.

			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. INTRA CEREBRAL HEMORRHAGE	Due to (or as a consequence of):	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. BRAIN DEATH	Due to (or as a consequence of):	
	c. COAGULOPATHY	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

25. WAS AN AUTOPSY PERFORMED? [X] Yes [ ] No
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? [X] Yes [ ] No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? [ ] Yes [ ] Probably [ ] No [X] Unknown

28. IF FEMALE: [ ] Not pregnant within past 12 months [ ] Not pregnant, but pregnant within 42 days of death [ ] Not pregnant, but pregnant 43 days to 1 year before death [ ] Pregnant at time of death [ ] Pregnant within one year of death but time unknown [ ] Unknown if pregnant within the past 12 month

29. MANNER OF DEATH: [X] Natural [ ] Suicide [ ] Could not be determined [ ] Accident [ ] Homicide [ ] *Pending Investigation*

30. DATE OF INJURY (Month/Day/Year)	31. TIME OF INJURY	32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	33. INJURY AT WORK?
N/A	[ ] A.M. [ ] P.M.		[ ] Yes [ ] No

34. LOCATION OF INJURY Street and Number / Apartment Number / City or Town / State / ZIP Code

35. DESCRIBE HOW INJURY OCCURRED:

36. IF TRANSPORTATION INJURY, SPECIFY: [ ] Driver/Operator [ ] Pedestrian [ ] Passenger [ ] Other (Specify)

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?	39. DATE PRONOUNCED (Month/Day/Year)	40. TIME OF DEATH
5/15/2008	[X] Yes [ ] No	MAY 15, 2008	8:55 [X] A.M. [ ] P.M.

41. CERTIFIER (Check only one):
[X] Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
[ ] 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.
[ ] 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.

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)	43. PHYSICIAN'S LICENSE NUMBER
SCOTT GLICKMAN, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637	036-118927

44. TITLE OF CERTIFIER	45. DATE CERTIFIED (Month/Day/Year)	46. SIGNATURE OF CERTIFIER
M.D.	MAY 16, 2008	

[illegible] this is a true and correct copy of the public official death record filed with the Illinois Department of Public Health

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN RECEIVED UNDER SEAL & SIGNED OVER DEPARTMENT'S SIGNATURE

Jerry Williams MD

052108

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Illinois Department of Public Health - Division of Vital Records
VR200 (Rev. 1/08)