

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

_____ Doris Banks being duly sworn
states that I resides at 6952 S. VERNON in the City of
Chicago I 1160637

That I was acquainted with Troy Banks
deceased who, at the time of HIS death, was one of the owners of the land in COOK
County, Illinois, described as:



6952 S. Vernon
Chicago, Illinois 60637

Doc#: 0904831027 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/17/2009 10:35 AM Pg: 1 of 3

That the deceased died 10-29-08, 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 _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ 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 that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

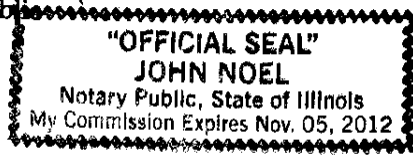
Subscribed and sworn to before me by the said

Doris Banks

this 17 day of February, A.D. 2009

John Noel
Notary Public

Doris Banks
(affiant's signature)



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Property of Cook County Clerk's Office

Lot 27 in Block 70 in Johnston and Clement's
Subdivision of the West one-half of the South
East $\frac{1}{4}$ of Section 22, Township 38 North, Range
14, East of the Third Principal Meridian, in
Cook County, Illinois.

Permanent Index No. 20-22-414-034-0000 pp

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REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS CERTIFICATE OF DEATH			
LOCAL FILE NUMBER 614540		STATE FILE NUMBER			
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) TROY BANKS			2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) OCTOBER 29, 2008	
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (Years) 76	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Month/Day/Year) SEPTEMBER 11, 1932
7a. CITY OR TOWN CHICAGO		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 6952 SOUTH VERNON AVENUE			
7c. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED IN HOSPITAL <input 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 checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____					
8. BIRTHPLACE (City and State or Foreign Country) COLUMBUS, MS	9. SOCIAL SECURITY NUMBER 425-44-4771	10. 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		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) DORIS CLARK	12. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13a. RESIDENCE (Street and Number) 6952 SOUTH VERNON AVENUE		13b. APT. NO.	13c. CITY OR TOWN CHICAGO	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13e. COUNTY COCK	13f. STATE IL	13g. ZIP CODE 60637	14. FATHER'S NAME (First, Middle, Last) WILL BANKS		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) ANNIE HILL
16a. INFORMANT'S NAME MRS. DORIS BANKS		16b. RELATIONSHIP WIFE		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 6952 SOUTH VERNON AVENUE, CHICAGO, ILLINOIS 60637	
17. 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): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) MEMORIAL GARDENS		19. LOCATION - CITY, TOWN AND STATE COLUMBUS, MISSISSIPPI	20. DATE OF DISPOSITION (Month/Day/Year)
21a. FUNERAL HOME NAME JARVIS FUNERAL & CREMATION		STREET AND NUMBER 1237 FOREST ROAD		CITY OR TOWN LA GRANGE PARK	STATE ILLINOIS
21b. FUNERAL DIRECTOR'S SIGNATURE <i>Scott J. ...</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014974		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) OCT 30 2008	
22. LOCAL REGISTRAR'S SIGNATURE <i>Sherry Mason MD</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)			
CAUSE OF DEATH (See instructions and examples)					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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 one line. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Prostate Cancer with Bone Metastasis 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. _____ 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.					25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		28. IF FEMALE: <input 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 checked="" type="checkbox"/> Unknown if pregnant within the past 12 months		26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29. 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		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. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9-29-08 (Month/Day/Year)		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 10/29/08	
40. TIME OF DEATH 08:37 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		41. 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 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.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) ELSIE R. WALKER, MD 8015 SOUTH LUELLA AVENUE, SUITE 212, CHICAGO, ILLINOIS 60617				43. PHYSICIAN'S LICENSE NUMBER 036-068920	
44. TITLE OF CERTIFIER PHYSICIAN		45. DATE CERTIFIED (Month/Day/Year) 10/30/08		46. SIGNATURE OF CERTIFIER <i>Elsie Walker-Thomas MD</i>	

Based on the 2008 U.S. Standard Certificate)

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

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS AFFIXED OVER
REGISTRAR'S SIGNATURE.

Sherry Mason MD

LETTY MAZON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
CITY OF CHICAGO
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, THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORD
KEPT BY ME IN OBEYANCE OF SAID
LAWS AND ORDINANCES.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
102908