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1999-11-12 11:26:45
Cook County Recorder 47.50

AFFIDAVIT RE DECEASED JOINT TENANT



STATE OF ILLINOIS
COUNTY OF COOK

} SS

RE: YOUR ORDER NO. REI 731351

Billy N. FENIMORE, being duly sworn and for the purpose of inducing Intercounty Title Company of Illinois to issue the subject policy covering the hereinafter-described land, state:

1. That he resides at 7228 S. WOOD ST CHICAGO IL. 60636
2. That he was associated with MARY E. FENIMORE, who died on 10/7/97

as evidenced by the attached certified copy of death certificate;

3. That said decedent was one of the owners of land described:
 - in the subject order number
 - in the following legal description;

SEE ATTACHED LEGAL DESCRIPTION

REI TITLE SERVICES # 731351
304

4. That said decedent died:
 - leaving no last will and testament;
 - leaving a last will and testament, a copy of which is attached;

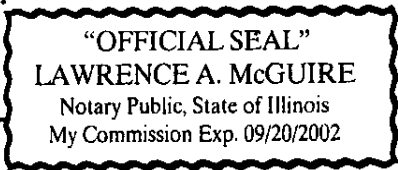
5. That the total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes does not exceed \$ _____

Subscribed and sworn to before

me by the said 22nd day of OCTOBER, 19 99 affiant

Billy N. Fenimore
(affiant's signature)

Lawrence A. McGuire
Notary Public



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LOTS 11 & 12 IN BLOCK 4 IN B.F. JACOB'S SUBDIVISION OF THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHEAST 1/4 OF SECTION 30, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 7228 S. WOOD ST., CHICAGO, IL 60636. The Real Property tax identification number is 20-30-211-034 & 035.

Property of Cook County Clerk's Office

09064107

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DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.92
REGISTERED NUMBER 1320

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print In PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Mary Earl Fenimore 2. Female 3. October 7, 1997

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
Cook 5a. 61 5b. 5c. 5d. November 7, 1935

6a. Northlake 6b. Vencor Hospital 6c. Inpatient

DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Buckatunna, MS 8a. Married 8b. Billy Fenimore 9. NO

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 328-28-9806 11a. Certified Nurse Aide 11b. Private Duty 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 7228 S. Wood 13b. Chicago 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 13f. 60636 14a. Black 14b. [X]NO []YES SPECIFY:

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. Randolph Cage 16. Evater Blakley

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Billy Fenimore 17b. Husband 17c. 7228 S. Wood Str., Chgo., IL 60636

CAUSE

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) CORONARY ARTERY DISEASE
DUE TO, OR AS A CONSEQUENCE OF
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c)

RESPIRATORY FAILURE, RENAL FAILURE 19a. NO 19b. NO

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES [] NO [X]

1 (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. 10-7-97 21b. NO 21c. 3:39 P.M.

CERTIFIER

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE [Signature] 22b.

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. DOUGLAS FRANKER NORTH W. WOLFE 22d. 031087672

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Homewood 24c. Homewood, Illinois 24d. Oct 14, 1997

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Calahan Funeral Home, 7030 S. Halsted Str., Chicago, Illinois 60621

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. [Signature] 25c. 034-012004

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. [Signature] Broadview, Illinois 60153 26b. October 15, 1997

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE OCT 15 1997 SIGNED [Signature] LOCAL REGISTRAR OF VITAL STATISTICS AT BROADVIEW, ILLINOIS 60153 Illinois OFFICIAL TITLE

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.