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Doc#: 0910744047 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/17/2009 11:30 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

Property of Cook County Clerk's Office

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

LAURA ALEXANDER

being duly sworn

states that SHE resides at 3921 TRADITIONS DR in the City of OLYMPIA FIELDS, IL.

That SHE was acquainted with CLEVELAND ALEXANDER

deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as: THAT PART OF LOT 44 IN TRADITIONS OF OLYMPIA FIELDS PHASE FIVE, BEING A SUBDIVISION OF PART OF THE NORTH HALF OF THE WEST HALF OF THE NORTHWEST QUARTER SECTION 14, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED NOVEMBER 30, 2004 AS DOCUMENT NUMBER 0433544020 IN COOK COUNTY ILLINOIS.

A.I.N. 31-14-104-022

That the deceased died APRIL 21, 2007, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

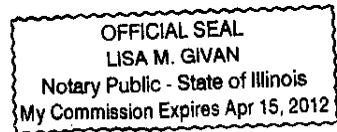
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven 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 TWO HUNDRED AND FIFTY THOUSAND 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

Laura Alexander



this 16th day of April, A.D. 2007

Lisa M. Givan
Notary Public

Laura L. Alexander
(affiant's signature)

REGISTRATION DISTRICT NO		STATE OF ILLINOIS		STATE FILE NUMBER			
16.31		UNOFFICIAL COPY		MEDICAL CERTIFICATE OF DEATH			
REGISTERED NUMBER							
336							
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. CLEVELAND				ALEXANDER	2. MALE	3. APRIL 21, 2007	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR		UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. COOK		5a. 90	5b. MOS	5c. DAYS	5d. HOURS	5e. MIN	
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			IF HOSP OR INST, INDICATE D.O. OP/EMER, RM, INPATIENT (SPEC)		
6a. CHICAGO HEIGHTS		6b. ST JAMES			6c. INPATIENT		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER ARMED FORCES? (Y/N)	
7. Yazoo City MS		8a. MARRIED		8b. LAURA SAMUEL		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 5489		11a. SUPPLY MANAGER		11b. WATER MGMT		12. 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. 3921 TRADITIONS DR		13b. OLYMPIA FIELDS		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)		
13e. ILLINOIS		13f. 60461	14a. BLACK		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME		FIRST	MIDDLE	LAST	MOTHER-NAME, FIRST MIDDLE (MAIDEN) LAST		
15. WILLIAM				ALEXANDER	16. CORRINE STUBBLEFIELD		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. LAURA ALEXANDER		17b. WIFE		17c. 3921 TRADITIONS DR OLYMPIA FIELDS IL 60461			
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 ON-SET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Respiratory failure					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) 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				AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH? (YES)
20a. NO						19a. NO	19b. NO
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20c. NO				20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a. 4-22-07				21b. NO		21c. 1847 PM	
TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)			
22a. [Signature]		22b. 4-22-07		ILLINOIS LICENSE NUMBER			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
22c. MUHAMMED LONGI MD 1423 CHICAGO RD CHICAGO HEIGHTS IL 60611		22d. 036-089100		NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION		CITY OR TOWN	
24a. BURIAL		24b. BURN CEM		24c. NORTH ILLINOIS		24d. APRIL 28, 2007	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN	
25a. TAYLOR FUNERAL HOME LTD 63 E 79th St Chicago Illinois 60619		25b. [Signature]		25c. 034-01950			
FUNERAL DIRECTOR'S SIGNATURE		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. [Signature]		26b. APRIL 25, 2007					

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 ABOVE NAMED IN ITEM NO. 1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS, AND DEATHS.

DATE: APR 25 2007

SIGNED: Ethel M. Taylor

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR

Birthplate