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Doc#: 0911247156 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 04/22/2009 02:36 PM Pg: 1 of 2

**DECEASED
JOINT TENANCY
AFFIDAVIT**

(Reserved for Recorders Use Only)

State of Illinois)
) SS.
County of Cook)

Sandra M. Richardson hereinafter called Affiant being duly sworn states that she resides at 3701 Glynwood Lane, Hazel Crest, IL 60429. That Affiant was acquainted with Willie Richardson, Jr., hereinafter referred to as Decedent, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 10 in Block 1 in Apple Tree of Hazel Crest, being a subdivision of part of the Southwest ¼ of Section 26, Township 36 North, Range 13 East of the Third Principal Meridian, according to the Plat thereof recorded August 21, 1970 as Document Number 21244460 in Cook County, Illinois.

That the Decedent died on October 9, 2006, as evidenced by a copy of Decedents death certificate attached hereto.

That the Decedent, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Decedent died leaving no last will & testament.

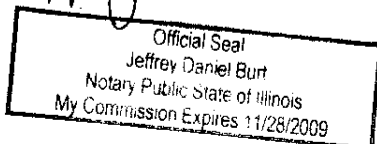
That the total value of the estate of the Decedent, for estate tax purposes, including both real and personal property owned by the Decedent either individually or in joint tenancy at the time of the death of the Decedent, does not exceed the sum of \$100,000.00.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 20th day of March 2009.

Notary Public

Affiant's Signature



STATE OF ILLINOIS
County of Cook)

UNOFFICIAL COPY

DAVID ORR, County Clerk

OCT 10 2006

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 a 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.

COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED 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 1. Willie Richardson, Jr.		SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. October 9, 2006	
COUNTY OF DEATH 4. Cook		AGE-LAST BIRTHDAY (YRS) 5a. 69		UNDER 1 YEAR 5b. MOS. DAYS		UNDER 1 DAY 5c. HOURS MIN.	
DATE OF BIRTH (MONTH, DAY, YEAR) 5d. September 5, 1937		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Hazelcrest		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. South Suburban Hospital		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Lake Charles, LA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Sandra McGruder		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. Yes	
SOCIAL SECURITY NUMBER 10. 435-50-3040		USUAL OCCUPATION 11a. Manager		KIND OF BUSINESS OR INDUSTRY 11b. Retail Sales		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 12th	
RESIDENCE (STREET AND NUMBER) 13a. 3701 Glynwood Lane		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Hazelcrest		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook	
STATE 13e. Illinois		ZIP CODE 13f. 60429		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black American		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
PARENTS FATHER-NAME FIRST MIDDLE LAST 15. Willie Richardson, Sr.		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST 16. Margaret Driver		INFORMANT'S NAME (TYPE OR PRINT) 17a. Sandra Richardson			
RELATIONSHIP 17b. Wife		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 3701 Glynwood Lane Hazelcrest, IL 60429					
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) <i>Ca. Lung</i>					
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) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.			
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. 10-06		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO		HOUR OF DEATH 21c. 10:44 a.m.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE <i>Mirza Baig</i>		DATE SIGNED (MONTH, DAY, YEAR) 22b. 10-9-06		ILLINOIS LICENSE NUMBER 22d. 036 06537	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. Dr. Mirza Baig MD., 333 Dixie Highway Chicago Heights, IL		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY-NAME 24b. Abraham Lincoln National Cemetery		LOCATION CITY OR TOWN STATE 24c. Elwood Illinois		DATE (MONTH, DAY, YEAR) 24d. 10-11-2006	
FUNERAL HOME NAME 25a. W.W.Holt Funeral Home		STREET AND NUMBER OR R.F.D. 175 West 159th Street		CITY OR TOWN Harvey		STATE ZIP Illinois 60426	
FUNERAL DIRECTOR'S SIGNATURE 25b. <i>W.W. Holt</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 10992		LOCAL REGISTRAR'S SIGNATURE 26a. <i>David Orr</i>			
		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. OCT 10 2006					