



Doc#: 0912615051 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 05/06/2009 01:43 PM Pg: 1 of 3

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This instrument was prepared under the supervision of:  
P. DeSantis, Esq.  
By: Law's Specialty Group, Inc.  
235 West Brandon Blvd., #191  
Brandon, Florida 33511  
866-755-6300

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS ) COUNTY OF Cook

BEFORE ME, the undersigned Notary Public, personally appeared MARGURITE MARTIN, of legal age, as the sole surviving tenant, "affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is Margurite Martin and I reside at 22049 Jordan Lane, Richton Park, Cook County, Illinois 60471.
2. I owned real property as a joint tenant with William H. Martin, my husband, who, at the time of his demise, was one of the owners of such real property located in Cook County, State of Illinois, described as follows:

**LOT 19 IN RICHTON FALLS SUBDIVISION, A SUBDIVISION OF LOT 16 IN ARTHUR T. MCINTOSH AND COMPANY'S RICHTON PARK FARMS, A SUBDIVISION OF THE NORTH 70 ACRES OF THE SOUTHEAST 114 OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

Property ID: 31-27-402-039-0000  
Property Address: 22049 Jordan Lane, Richton Park, Illinois 60471  
The legal description was obtained from a previously recorded instrument.

54  
p3  
my  
Jr

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

NOV 27 2007

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 the 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.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.0</b>		STATE OF ILLINOIS				STATE FILE NUMBER		
		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>						
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. William Henry Martin			2. Male		3. November 24, 2007			
A		COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)		
		4. Cook		5a. 74		5b. 5c.		5d. September 18, 1933		
B		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 (SPECI)		
		6a. Richton Park		6b. 22049 Jordan Lane				6c.		
C		BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER ARMED FORCES? (YE		
		7. Chicago, IL		8a. Married		8b. Margurite Rayburn		9. Yes		
D		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
		10. 329-26-2120		11a. Detective		11b. Harvey Police Dept.		12. 12th 2+		
E		RESIDENCE (STREET AND NUMBER)			CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
		13a. 22049 Jordan Lane			13b. Richton Park		13c. Yes		13d. Cook	
PARENTS		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)		
		13e. Illinois		13f. 60471		14a. Black American		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
1		FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
		15. Opha Martin			16. Emma Bowers					
2		INFORMANT'S NAME (TYPE OR PRINT)			RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
		17a. Margurite Martin			17b. Wife		17c. 22049 Jordan Lane., Richton Park, IL 60471			
3		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) Renal failure						
CAUSE		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						
4		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 PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES)
								19a. No		19b.
5		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		
		20a.		20b.				20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
N		I (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.			21b. NO		21c. 6:00 a.m.			
P		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 <i>Sushma Raghavendra</i>						22b. 11/26/07		
CERTIFIER		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)						ILLINOIS LICENSE NUMBER		
		22c. Dr. S. Raghavendra 13811 So. Cicero Crestwood, IL. 60445						22d. 036-115471		
DISPOSITION		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY WAS INVOLVED IN THE 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. Abraham Lincoln National Cemetery		24c. Elwood Illinois		24d. 11-30-2007		
DISPOSITION		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP								
		25a. W.W. Holt Funeral Home 175 West 159th Street Harvey, Illinois 60426								
DISPOSITION		FUNERAL DIRECTOR'S SIGNATURE						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
		25b. <i>W.W. Holt</i>						25c. 10992		
DISPOSITION		LOCAL REGISTRAR'S SIGNATURE						DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
		26a. <i>David Orr</i>						26b. NOV 27 2007		

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3. William H. Martin, my joint tenant and deceased husband, departed this life on November 24, 2007. As evidenced by a certified copy of the death certificate of the deceased attached hereto.

4. **That the deceased died (you must make a choice)**

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of Circuit Court of Cook County, Illinois, on or about \_\_\_\_\_, 200\_\_

That the TOTAL VALUE of the estate of the deceased, including both real and person 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 (\$\_\_\_\_\_).

5. Affiant is the sole surviving joint tenant of the property described herein.

Dated this 10 day of April, 2009.

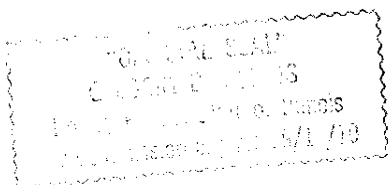
Margurite Martin  
**MARGURITE MARTIN**

STATE OF ILLINOIS )  
COUNTY OF Cook )

I, GREGORY D. MORRIS, a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that MARGURITE MARTIN, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my and official seal this 10 day of April, 2009.

Gregory D. Morris  
Notary Public My commission expires: 9-19-10



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