

UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF

}
} ss.
}

ORDER NO.:



Doc#: 0913257234 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/12/2009 01:09 PM Pg: 1 of 2

Helen White
being duly sworn states that I resides at 8430 South Peoria
in the City of Chicago

That I was acquainted with Alfreda B. Starks deceased who, at the
time of death, was one of the owners of the land in Cook County.

Illinois, described as: THE SOUTH 16 FEET OF LOT 12 AND THE NORTH 16 FEET OF LOT 13
IN BLOCK 3 IN BELLAMY'S SUBDIVISION OF THE NORTH 40 ACRES
OF THE SOUTH 60 ACRES OF THE EAST 1/2 OF THE SOUTH EAST 1/4
OF SECTION 32, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the deceased died September 4, 2008 Permanent Real Estate Index Number(s): 20-32-413-030-0000
copy of death certificate of the deceased attached hereto. Address(es) of Real Estate: 8430 South Peoria, as evidenced by a certificate

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 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 the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

this 11th day of May, A.D. 20 09

Lewis Towers
Notary Public

Helen White
(Affiant's Signature)



UNOFFICIAL COPY

STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 10.10		STATE FILE NUMBER	
LOCAL FILE NUMBER 612688			
1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) ALFREDA B. STARKS		2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) SEPTEMBER 17, 2008
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Year) 82	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
7a. CITY OR TOWN Chicago		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 8430 S. Peoria	
8. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		9. SOCIAL SECURITY NUMBER 337-20-3121	
10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" 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) None	
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) 8430 S. Peoria		13b. APT. NO.	13c. CITY OR TOWN Chicago
13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60620	14. FATHER'S NAME (First, Middle, Last) Alfred Blackwell
15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Louise Abrams			
16a. INFORMANT'S NAME Lester A. Starks		16b. RELATIONSHIP Son	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 8430 S. Peoria Chicago, IL 60620
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) Mt. Hope Cemetery	
19. LOCATION - CITY, TOWN AND STATE Chicago, IL		20. DATE OF DISPOSITION (Month/Day/Year) 9-27-08	
21a. FUNERAL HOME NAME Gatling's Chapel Inc.		21b. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur Jackson</i>	
21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014938		21d. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 22 2008	
22. LOCAL REGISTRAR'S SIGNATURE <i>Jerry Mason MD</i>			
24. CAUSE OF DEATH (See instructions and examples) 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 a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. OVARIAN CANCER 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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
25. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		26. 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 type="checkbox"/> Unknown if pregnant within the past 12 months	
27. DATE OF INJURY (Month/Day/Year)		28. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
29. LOCATION OF INJURY Street and Number		30. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)	
31. DESCRIBE HOW INJURY OCCURRED:		32. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. 1 (DID/DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON		34. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
35. DATE PRONOUNCED (Month/Day/Year) 9-17-08		36. TIME OF DEATH 8:00 <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	
37. CERTIFIER (Check only one): <input checked="" 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.		38. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) PAOLA SMITH, M.D., 2555 S. ML KING, JR. DR., CHICAGO, IL 60616	
39. PHYSICIAN'S LICENSE NUMBER 036-076179		40. SIGNATURE OF CERTIFIER <i>Paola Smith</i>	
41. I hereby certify that this is a true and correct copy of the death record filed with the Illinois Department of Public Health.		42. DATE OF THIS DEATH RECORD FILED WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH 9-19-08	

Based on the 2003 U.S. Standard Certificate

Illinois Department of Public Health - Division of Vital Records

VR200 (Rev. 1/08)

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN
EMPOWERED SEAL IS AFFIXED OVER
REGISTERING SIGNATURE

Jerry Mason MD

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO