

UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF

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)

ORDER NO.:



Doc#: 0913257235 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 05/12/2009 01:10 PM Pg: 1 of 2

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

That I was acquainted with Louise Williams deceased who, at the time of death, was one of the owners of the land in Cook County, Illinois, described as:

THE SOUTH 15 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 50 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 June 9, 2004
copy of death certificate of the deceased attached hereto

Permanent Real Estate Index Number(s): 20-32-413-030-0000
Address(es) of Real Estate: 8430 South Peoria

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 _____ day of May, A.D. 20 09
[Signature]
Notary Public

Helen White
(Affiant's Signature)

DJIAFF



UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUN 16 2004

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

Local Registrar
John L. Wilhelm, M.D.

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

608500

REGISTRATION DISTRICT NO. 16-10

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST LOUISE WILLIAMS		SEX 2. FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) 3. JUNE 9, 2004	
COUNTRY OF DEATH		AGE-LAST BIRTHDAY (YRS) 58. 95		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. AUGUST 18, 1908	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. CHICAGO		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. WIDOWED		IF HOSP. OR INST. INDICATE D.O.A. OR NUMBER, TRL, INPATIENT (SPECIFY) 6c. D.O.A.	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) GREENVILLE, GA.		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) ROSELAND HOSPITAL		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 8. NO	
SOCIAL SECURITY NUMBER 10. 321-22-8050		KIND OF BUSINESS OR INDUSTRY 11b. LAB. TECH		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 10 College (1-4 or 8-1)	
RESIDENCE (STREET AND NUMBER) 13a. 8430 S. PEORIA		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. CHICAGO		INSIDE CITY (YES/NO) 13c. YES	
STATE ILLINOIS		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. BLACK		COUNTY 13d. COOK	
FATHER-NAME FIRST MIDDLE LAST n/a		MOTHER-NAME FIRST MIDDLE LAST FLORENCE F. n/a		RELATIONSHIP 17a. DAUGHTER	
INFORMANT'S NAME (TYPE OR PRINT) 17a. ALFREDA B. STARKS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) 17b. 17c. 8430 S. PEORIA CHICAGO, IL 60620		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO	
18. PART I. Enter the disease(s) or complications first caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) (a) ALZHEIMER'S DISEASE DUE TO, OR AS A CONSEQUENCE OF (b) CORONARY HEART DISEASE DUE TO, OR AS A CONSEQUENCE OF (c) HYPERTENSION		19a. AUTOPSY (YES/NO) 19b. YES		19c. YES	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION		20c. YES	
21a. (DID) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		21b. (NAME OF CORONER OR MEDICAL EXAMINER NOTIFIED) (YES/NO) 21c. 11:40 A M.		21d. DATE SIGNED (MONTH, DAY, YEAR) 6-9-04	
22a. SIGNATURE AND ADDRESS OF CERTIFIER Augusta Cuatrecasas		22b. ILLINOIS LICENSE NUMBER 036-091726		22c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUN 16 2004	
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) GATLING'S CHAPEL INC.		24a. CEMETERY OR CREMATORY-NAME 24b. MT. HOPE CEMETERY		24c. CHICAGO, IL	
25a. FUNERAL DIRECTOR'S SIGNATURE John L. Wilhelm, M.D.		25b. LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D.		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014948	
26a. (IF APPLICABLE) LOCAL REGISTRAR'S SIGNATURE		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	