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Doc#: 0920316007 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 07/22/2009 09:18 AM Pg: 1 of 3

Property of AFFIDAVIT
Cook County Clerk's Office

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } ss. Order Number: _____
County of COOK }

JIMMY L. FAGGINS being duly sworn, states that HE
resides at 1735 N. LINDER in the city of CHICAGO
That HE was acquainted with MATTIE MAE FAGGINS deceased
who, at the time of HER death, was one of the owners of the land
in CHICAGO COOK County, Illinois, described as:

LOT 32 IN BLOCK 8 IN MILLS AND SONS NORTH AVENUE AND CENTRAL AVENUE SUBDIVISION IN THE SOUTH WEST QUARTER OF SECTION 33, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY ILLINOIS

PIN 13 33 313 004 0000

That the deceased died JULY 16, 2004, as evidenced by a certified copy of the 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 N/A County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of N/A County, Illinois about N/A.

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 ONE HUNDRED THOUSAND DOLLARS

Affiant makes this affidavit for that purpose of inducing the Greater Illinois Title Company to issue it's Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Jimmy L. Faggins
This 5th day of May, 2009

Jimmy L. Faggins
(Affiant Signature)

Walter...
(Notary Public)



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OAK PARK, ILLINOIS OAK PARK HEALTH DEPARTMENT - OFFICE OF VITAL RECORDS

BIRTH NO.	REGISTRATION DISTRICT NO. 16.24	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER 358	MEDICAL CERTIFICATE OF DEATH	
PRINT IN INK Directors, Physicians for IONS	DECEASED—NAME FIRST MIDDLE LAST 1. Mattie Mae Faggins		SEX 2Female
	DATE OF DEATH (MONTH, DAY, YEAR) 3. July 16, 2004		
SED	COUNTY OF DEATH 4. Cook	AGE—LAST BIRTHDAY (YRS) 5a. 68	UNDER 1 YEAR MOS. DAYS 5b.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. Oak Park	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. West Suburban Hospital	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. February 9, 1936
NTS	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Shaw MS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Jimmy Faggins
	SOCIAL SECURITY NUMBER 10. 428 68 5139	USUAL OCCUPATION 11a. Homemaker	KIND OF BUSINESS OR INDUSTRY 11b. Home
SE	RESIDENCE (STREET AND NUMBER) 13a. 1735 North Linder	CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES/NO) 13c. Yes
	STATE 13e. Illinois	ZIP CODE 13f. 60639	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black
TION	FATHER—NAME FIRST MIDDLE LAST 15. Garzell	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. Alice Macbee	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Jimmy Faggins	RELATIONSHIP 17b. Husband	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17d. 735 North Linder, Chicago, IL 60639
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) CONGESTIVE CARDIOMYOPATHY		PECJ
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.			
18. PART I. HYPERTENSION, HYPERLIPIDEMIA, OBSTRUCTIVE LUNG DISEASE			AUTOPSY (YES/NO) No
DATE OF OPERATION, IF ANY 20a. NONE	MAJOR FINDINGS OF OPERATION 20b. N/A	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 7/12/04		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. Yes	HOUR OF DEATH 21c. 5:00 P M.
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) 22c. July 20, 2004
22a. SIGNATURE Ramesh Melton	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. R.P. MELTON MD 344 SHEDWOOD G LAGRANGE PK IL 60526		ILLINOIS LICENSE NUMBER 22d. 36-51033
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			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. Forest Home	LOCATION CITY OR TOWN STATE 24c. Forest Park, Illinois	DATE (MONTH, DAY, YEAR) 24d. July 23, 2004
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Corbin Colonial Funeral Chapel 5345 West Madison Street Chicago Illinois 60644			
FUNERAL DIRECTOR'S SIGNATURE 25b. Robert P. Orsfield		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 1034-014794	
LOCAL REGISTRAR'S SIGNATURE Georgina Polyak, PhD		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b.	
26a. This is to certify that this is a true and correct copy from the official record			

VR200 (Rev. 5/89)

filed with the Illinois Department of Public Health, Division of Vital Records

(BASED ON 1989 U.S. STANDARD CERTIFICATE)



Georgina Polyak, PhD
LOCAL REGISTRAR

