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0925839048

Doc#: 0925839048 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/15/2009 02:19 PM Pg: 1 of 4

Property of Cook County Clerk's Office
Deceased Joint Tenancy Affidavit



UNOFFICIAL COPY Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

_____ Lillie Mae Stewart being duly sworn
states that I resides at 5372 So. May St in the City of
Chicago, Ill

That I was acquainted with Edward Stewart
deceased who, at the time of His death, was one of the owners of the land in COOK
County, Illinois, described as:

That the deceased died 4-7-07, as evidenced by a
certified copy of 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 _____ 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 that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

LILLIE MAE STEWART

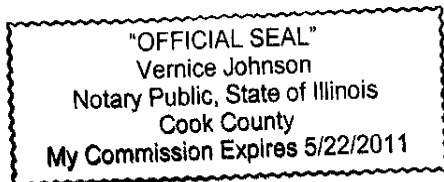
this 15 day of SEPTEMBER, A.D. 19 2009

Vernice Johnson

Notary Public

Lillie Mae Stewart

(affiant's signature)



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Lot Thirty-Two (32) in Block Five (5) in Gaylord's Subdivision of the Southwest Quarter (1/4) of the Southeast Quarter (1/4) of Section 8, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 20-08-423-020-0000

Address(es) of Real Estate: 5422 S. May Street, Chicago, Illinois 60609

DATED this 22nd day of DECEMBER 1980

Cook County Clerk's Office

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BLUE ISLAND, ILLINOIS

DISTRICT 16.31

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. 16.31	STATE OF ILLINOIS	STATE FILE NUMBER	
	REGISTERED NUMBER 162	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E 1 2 3 CAUSE 4 5 N P CERTIFIER 22a 22c 23 24a 25a 25b 26a	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. Edward Stewart		2. Male	3. April 7, 2002
	COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS) MOS. DAYS	UNDER 1 YEAR HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)
	4. Cook	5a. 74	5b. 5c.	5d. January 1, 1928
	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.A. ARMED FORCES? (YES/NO)
	6a. Blue Island	6b. St. Francis		6c. Inpat
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
	7. Tulot, Arkansas	8a. Married	8b. Lillie Mae Williamson	
	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY GRADE, HIGHEST GRADE COMPLETED)
	10. 495-76-9401	11a. Labor	11b. General	12. 12
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a. 5422 S. May	13b. Chicago	13c. Yes	13d. Cook	
STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. Ill.	14a. Black	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
15. John Stewart	16. Gertrude Woodard			
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. Lillie Mae Stewart	17b. Wife	17c. 5422 S. May Chicago Ill. 60609		
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 on one cause on each line.				
Immediate Cause (Final disease or condition resulting in death)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) Pneumonia				
(b) Sepsis				
(c)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	AUTOPSY (YES/NO)	
20a.	20b.		19a. No	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>		
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. 3:15 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)	
22a. SIGNATURE Patrick O'Leary		22b. 04-08-02		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
22c. Patrick O'Leary m023104gkSt		22d. 036081566		
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23.				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)	
24a. Burial	24b. Lincoln	24c. Alsip	24d. Ill. 2002-04-13-02	
FUNERAL HOME	NAME STREET AND NUMBER OR R.F.D.	CITY OR TOWN	STATE ZIP	
25a. Golden Gate Funeral Home 2036 W. 79th St. Chicago Ill. 60620				
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. Ruth M. P.	25c. 034-015664			
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. Pam Trusor	26b. April 11, 2002			

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D3900

DATE ISSUED

APR 11 2002

ISSUED AT:

13051 GREENWOOD AVE.
BLUE ISLAND, ILLINOIS 60406

Pam Trusor
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.