

UNOFFICIAL COPY

DECEASED JOINT TENANT AFFIDAVIT



Doc#: 1001947140 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/19/2010 04:24 PM Pg: 1 of 3

STATE OF ILLINOIS)
COUNTY OF COOK) SS.

Order No. _____

Josie Nail being duly sworn states that she

For Recorder's use only

resides at 14209 Maryland Ave
in the Village of Dorton, County of Cook, State of Illinois

That I was acquainted with Mason Nail deceased who, at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as:

P.I.N. 29-12301-10-0000
Common Address: 14209 Maryland, Dorton, IL

That the deceased died 8-24-09, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

Leaving no Last Will & Testament.

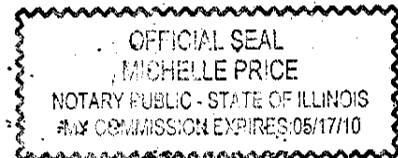
Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.

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 _____.

Affiant makes this affidavit for that purpose of inducing _____ to issue its Title Insurance policy, describing the above-mentioned.

Josie Nail
AFFIANT



Subscribed and sworn to before me by the said

Josie Nail as affiant
this 14 day of January, A.D. 2010

Michelle Price
NOTARY PUBLIC

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CERTIFICATE OF DEATH

CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

DATE ISSUED 10/15/2009

STATE FILE NUMBER 2009 0074276

DECEDENT'S LEGAL NAME BISHOP MASON H NALL		SEX MALE	DATE OF DEATH SEPTEMBER 24, 2009	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH JANUARY 16, 1934		
CITY OR TOWN DOLTON		HOSPITAL OR OTHER INSTITUTION NAME 14209 SOUTH MARYLAND		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE BIRMINGHAM, AL	SOCIAL SECURITY NUMBER [REDACTED]-5129	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME JOSIE JONES	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 14209 SOUTH MARYLAND		APT. NO.	CITY OR TOWN DOLTON	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60419	FATHER'S NAME LUCIUS NALL	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ALNEASE JONES
INFORMANT'S NAME JOSIE NALL		RELATIONSHIP WIFE	MAILING ADDRESS 14209 SOUTH MARYLAND, DOLTON, IL, 60419	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION OCTOBER 02, 2009
FUNERAL HOME CARTER FUNERAL CHAPEL, 2100 EAST 75TH STREET, CHICAGO, IL, 60649				
FUNERAL DIRECTOR'S NAME BRUCE MORROW			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014634	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR OCTOBER 13, 2009	
CAUSE OF DEATH PART I. END STAGE RENAL DISEASE				MONTHS
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		[REDACTED]
		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				WAS AN AUTOPSY PERFORMED? NO
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
				MANNER OF DEATH NATURAL
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		FEMALE PREGNANCY STATUS NOT APPLICABLE		
DATE OF INJURY		TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION OF INJURY				IF TRANSPORTATION INJURY, SPECIFY:
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:15 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED SEPTEMBER 30, 2009
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STARR, ALEXANDER, 71 W 156TH STREET SUITE 401, HARVEY, ILLINOIS, 60426				PHYSICIAN'S LICENSE NUMBER 036096343



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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LOTS 1, 2, 3, 4 AND 5 (EXCEPT THE EAST 8.00 FEET OF LOT 5 AND EXCEPT THE NORTH 96.00 FEET OF LOTS 1, 2, 3, 4 AND 5) IN BLOCK 8 IN CALUMET PARK FIRST ADDITION BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, RECORDED JUNE 18, 1925 IN BOOK 208 PAGES 12 AND 13 AS DOCUMENT NUMBER 8948328.

ALSO

THAT PART OF THE EAST AND WEST VACATED 16.00 FEET WIDE ALLEY IN BLOCK 8 IN SAID CALUMET PARK FIRST ADDITION LYING WEST OF THE SOUTHERLY PROLONGATION OF THE WEST LINE OF THE EAST 8.00 FEET OF LOT 5 IN SAID BLOCK 8 AND LYING EAST OF THE SOUTHERLY PROLONGATION OF THE WEST LINE OF LOT 1 IN SAID BLOCK 8, ALL IN COOK COUNTY, ILLINOIS.

PIN: 29-02-301-040

PIN: 29-02-302-040

FILE#: 6765IL-IL

Recording into

mtg

~~Dated 9-21-1998~~

Dated 10-14-1998

Recorded 10-21-1998

Document # 98942964

original Lender First Home Mtg Corp.

ATTN: Ron Arnstead