UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS COUNTY OF ss.	Order No.
Minnie R. Welch	being duly sworn
states that I resides at 9/23 5 SA9//	/HW in the City of
Chico 490 Fl 60617	•
That I was acquainted with Willia	A. Welch
deceased who, at the time of #15 death, was one of the County, Illinois, described 25:	owners of the land in
	consisse our mas such asse our day such asse
Ox	207044208
	Doc#: 1002044008 Fee: \$40.0
	Eugene "Gene" Moore Ang. 1 co. 1
τ_{\odot}	Date: 01/20/2010 09:33 AM Pg: 1 of 3
Co	
	120 21 48
That the deceased died	$\frac{5-5}{-0}$, as evidenced by a
That the deceased died:	nereto.
Leaving no Last Will & Testament.	
Leaving a Last Will & Testament a copy of which	h is attached hereto. The original of the unproven
will should be filed with the Clerk of the	e Probate Division of the Circuit Court of Hillinois.
Leaving a Last Will & Testament which was	///
That the total value of the estate of the deceased, inc the deceased either individually or in joint tenancy at t exceed the sum of	
Affiant makes this affidavit for that purpose of inducits Title Insurance Policy, describing the above mentioned	ing the Chicago Title Insurance Company to issue
Subscribed and sworn to before me by the said	The second of th
MINNIE R. WEICH	NOTARY PUBLIC, STATE OF ELIMOIS
this 19 day of Jenuary 2010	TWA COMMISSION CONTROL AND THE ACTION OF THE
Parecete M Dal 1	- When Rulalok.
Notary Public	(affiant's signature)

1002044008 Page: 2 of 3

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All of LOT SIXTY TWO ----(62)
The South Six (6) feet of LOT SIXTY ONE ----(61)

In the Resubdivision of that portion of Fractional Section 6, Town 37 North, Range 15, East of the Third Frincipal Meridian, North of the Indian Boundary Line, commencing at a point on the West line of Marquette Avenue 155 feet North of the North line of East 92nd Street, thence West to the East line of Saginaw Avenue, thence North along the East line of Saginaw Avenue to the South line of East 91st Street to the South Westerly line of Anthony Avenue, thence South Easterly along the South Westerly line of Anthony Avenue, thence South Easterly thence South along the West line of Marquette Avenue to the place of beginning; Also commencing at a point of the West line of Saginaw Avenue 155 feet North of the North line of East 92nd Street, thence West to the East line of Colfax Avenue, thence North along the South line of Colfax Avenue, thence North along the South line of East 91st Street to the South line of Saginaw Avenue, thence East along the West line of Saginaw Avenue, thence South along

Permanent Real Estate Index Number(s): 26-06-305-027

Address(es) of Real Estate: 9123 South Saginaw, Chicago 11, 60617

1002044008 Page: 3 of 3

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

	029921								DAT	E ISSUED 01	
DECEDENT'S LEGAL NAME WILLIE WELCH							SEX MALE		OF DEATH Y 31, 20		
COUNTY OF DEATH		AGE AT LA	AST BIRTHDAY		···	DATE OF B					
COOK							PTEMBER 01, 1918				
CITY OR TOWN				HOSPITAL OR							
CHICAGO				TRINITY	HOSPIT	AL ADVO	CATE				
PLACE OF DEATH										•	
EMERGENCY ROOM /			· · · · · · ·	<u> </u>		T''.				Leves mus vo	
BIRTHPLACE	1	SOCIAL SECURITY NUMBER MARITAL STATUS AT			DEATH	EATH SURVIVING SPOUSE'S NAME MINNIE HAYNES			EVER IN U.S. ARM FORCES? YES		
PORTLAND, AR	-	-3318 MARRIED								<u> </u>	
RESIDENCE			APT	. NO.	CITY OF	AGO				INSIDE CITY LIMITS YES	
9157 S SANGAMON		DE FAT	NEDIO NAME		Crite	7,7,00	MOTHERIS	NAME PRIO	P TO EIRS		
COUNTY	IL ZIP CO		HER'S NAME AMES WEI	СН		MOTHER'S NAME PRIOR TO FIRST MARRIAGE LULA FLETCHER					
INFORMANT'S NAME			ATIONSHIP		I MA	LING ADDRE	SS			···	
ANDREW LEAK	0		DMINISTRA	ATOR			TTAGE GRO	OVE, CHI	CAGO, I	L, 60619	
METHOD OF DISPOSITION	20	CE OF DISPO	SITION		LO	CATION - CIT	Y OR TOWN AN	D STATE	 		
BURIAL		AKHILL CE	EMETERY		0	HICAGO,	IL.		JUNE	05, 2009	
FUNERAL HOME	·····						·······	,			
LEAK AND SONS, 7838	SOUTH COTT	AGE CP.O'	E, CHICAG	O, IL, 60619							
FUNERAL DIRECTOR'S NAME							1		TOR'S ILLINOIS LICENSE NUMBER		
SPENCER LEAK SR				· · · · · · · · · · · · · · · · · · ·			0310074				
LOCAL REGISTRAR'S NAME			0,					ED WITH LOCAL REGISTRAR E 10, 2009			
TERRY MASON MD				<u> </u>			JUNE	J, 2005		.,	
CAUSE OF DEATH PART	FI. ISCHEMIC H	EART DISEA	SE	τ_{-}					当 臣		
IMMEDIATE CAUSE (Final disease or condition	a.								TWE		
resulting in death)	b. HYPERTENS	SION .	Due to	(or as a cursequence	ot):			XIX	BE .		
	D. TITT GATE	,,,,,,,			/			P. P	SVA F A		
		· · · · · ·	Due to	(or as a consequence	08	**		 ₹	INTER ONSE		
	CHRONIC K	DNEY DISEA		(7			= ~		
			Due to	(or as a consequence	of):		1				
PART II. Enter other significant co	onditions contributi	ng to death bu	ut not resulting i	n the underlying ca	iuse given	in PART I.		VAS AN AU	TOPSY PE	REORMED? NO	
							O >	VERE AUTO	PSY FINDI	NGS USED TO	
DID TOBACCO USE CONTRIBUT	E TO DEATH?	1	EGNANCY STA	itus				ANNER OF	CAUSE OF DEATH	NGS USED TO	
DID TOBACCO USE CONTRIBUT UNKNOWN	E TO DEATH?	NOT AP	PLICABLE	TUS				OMPLETE	CAUSE OF DEATH	NGS USED TO DEATH? N/A	
	E TO DEATH?	1	PLICABLE	TUS PLACE OF INJ	URY			ANNER OF	CAUSE OF DEATH	NGS USED TO	
UNKNOWN DATE OF INJURY	E TO DEATH?	NOT AP	PLICABLE	T	URY			ANNER OF	CAUSE OF DEATH	NGS USED TO DEATH? N/A	
UNKNOWN	E TO DEATH?	NOT AP	PLICABLE	T	URY			ANNER OF	CAUSE OF DEATH	NGS USED TO DEATH? N/A	
UNKNOWN DATE OF INJURY LOCATION OF INJURY		NOT AP	PLICABLE	T	URY			OMPLETE ONNER OF	CAUSE OF DEATH L	NGS USED TO DEATH? N/A	
UNKNOWN DATE OF INJURY		NOT AP	PLICABLE	T	URY			OMPLETE ONNER OF	CAUSE OF DEATH L	NGS USED TO DEATH? N/A	
UNKNOWN DATE OF INJURY LOCATION OF INJURY DESCRIBE HOW INJURY OCCUP	REO	NOT AP	PLICABLE URY	PLACE OF INJ	URY	DATE		OMPLETE ONNER OF	CAUSE OF DEATH L	NGS USED TO DEATH? N/A	
UNKNOWN DATE OF INJURY LOCATION OF INJURY	RED DATE LAST SEEN	NOT AP TIME OF INJ	PLICABLE URY WAS MEDICA	PLACE OF INJ	URY UNKNO\			OMPLETE ONNER OF	CAUSE OF DEATH L	NGS USED TO DEATH? N/A INJURY AT WO	
UNKNOWN DATE OF INJURY LOCATION OF INJURY DESCRIBE HOW INJURY OCCUP ATTEND THE DECEASED? YES	REO	NOT AP TIME OF INJ	PLICABLE URY WAS MEDICA	PLACE OF INJ				OMPLETE ANNER OF N'ATURA	CAUSE OF DEATH L	INJURY AT WO TALL TIME OF DEATH 01:52 AM	
UNKNOWN DATE OF INJURY LOCATION OF INJURY DESCRIBE HOW INJURY OCCUP ATTEND THE DECEASED?	RED DATE LAST SEEN	NOT AP TIME OF INJ	PLICABLE URY WAS MEDICA	PLACE OF INJ				OMPLETE ANNER OF N'ATURA	CAUSE OF DEATH L L RANSPC (INJURY AT WO TA TON INJURY, SP TIME OF DEATH 01:52 AM	
UNKNOWN DATE OF INJURY LOCATION OF INJURY DESCRIBE HOW INJURY OCCUP ATTEND THE DECEASED? YES CERTIFIER	DATE LAST SEEN MAY 04, 20	NOT AP TIME OF INJ ALIVE	PLICABLE URY WAS MEDICA CORONER CO	PLACE OF INJ				OMPLETE VINNER OF NATURA	CAUSE OF DEATH L RANSPC (TE CERTIF JUNE 04	INJURY AT WO TA TON INJURY, SP TIME OF DEATH 01:52 AM	
UNKNOWN DATE OF INJURY LOCATION OF INJURY DESCRIBE HOW INJURY OCCUP ATTEND THE DECEASED? YES CERTIFIER PHYSICIAN	DATE LAST SEEN MAY 04, 20	NOT AP TIME OF INJ ALIVE 09	PLICABLE URY WAS MEDICA CORONER CO	PLACE OF INJ	INKNO\			OMPLETE VINNER OF NATURA	CAUSE OF DEATH L RANSPC (TE CERTIF JUNE 04	INJURY AT WO A TON INJURY, SP TIME OF DEATH 01:52 AM IED , 2009	



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



