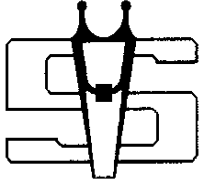


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Sanctity of Contract



1002812061

Doc#: 1002812061 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/28/2010 10:52 AM Pg: 1 of 3

Stewart Title Company of Illinois
MAIL TO & PREPARED BY
ELVIN SIMPSON
7649 S. HERMITAGE AVE
CHSD, IL. 60420

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 604777

STC 604777 313
STATE OF ILLINOIS)
COUNTY OF COOK)

SS.

ELVIN J. SIMPSON
being duly sworn states that she resides at 7649 S. HERMITAGE in the City of
CHSD IL 60420

That she was acquainted with CATHERINE SIMPSON deceased who, at the time of death, was one of the
sworn of the land in COOK County, Illinois, describes as:

"SEE ATTACHED"

STEWART TITLE COMPANY
2055 W. Army Trail Road, Suite 110
Addison, IL 60101
630-889-4000

That the deceased died 12/30/08, 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 _____.

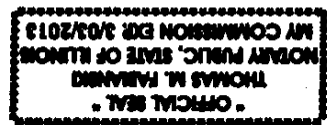
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 10,000 dollars.

Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

this 16 day of December, A.D. 2009

[Signature]
Notary Public



[Signature]
(Affiant's Signature)

313

UNOFFICIAL COPY

**STATE OF ILLINOIS
CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. **16.10**
LOCAL FILE NUMBER **617732** STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) **CATHERINE SIMPSON** 2. SEX **FEMALE** 3. DATE OF DEATH (Month/Day/Year) (Spell Month) **DECEMBER 30, 2008**

4. COUNTY OF DEATH **COOK** 5a. AGE AT LAST BIRTHDAY (Years) **67** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes 6. DATE OF BIRTH (Month/Day/Year) **APRIL 11, 1941**

7a. CITY OR TOWN **CHICAGO** 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) **7649 S. HERMITAGE STREET**

7c. PLACE OF DEATH (Check only one; see instructions)
 IF DEATH OCCURRED IN A HOSPITAL: Inpatient Emergency Room/Outpatient Dead on Arrival
 IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: Hospice facility Nursing Home/Long-term care facility Decedent's home Other (Specify):

8. SOCIAL SECURITY NUMBER [REDACTED] 10. MARITAL STATUS AT TIME OF DEATH Married Married but separated Widowed Divorced Never Married Unknown 11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) **ELVIN SIMPSON** 12. EVER IN U.S. ARMED FORCES? Yes No

13a. RESIDENCE (Street and Number) **7649 S. HERMITAGE STREET** 13b. APT. NO. 13c. CITY OR TOWN **CHICAGO** 13d. INSIDE CITY LIMITS? Yes No

13e. COUNTY **COOK** 13f. STATE **ILL** 13g. ZIP CODE **60620** 14. FATHER'S NAME (First, Middle, Last) **JEFF SMITH** 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) **FRANCES TATE**

16a. INFORMANT'S NAME **ELVIN SIMPSON** 16b. RELATIONSHIP **HUSBAND** 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) **7649 S. HERMITAGE STREET CHGO, ILL 60620**

17. METHOD OF DISPOSITION: Cremation Donation Entombment Other (Specify): 18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) **WASHINGTON MEMORY GARDENS** 19. LOCATION - CITY, TOWN AND STATE **HOMEWOOD, ILL** 20. DATE OF DISPOSITION (Month/Day/Year) **01-06-2009**

21a. FUNERAL HOME NAME STREET AND NUMBER CITY OR TOWN STATE ZIP **CORBIN COLONIAL FUNERAL CHAPEL 5345 W. MADISON CHICAGO, ILLINOIS 60644**

21b. FUNERAL DIRECTOR'S SIGNATURE [Signature] 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-015608**

22. LOCAL REGISTRAR'S SIGNATURE [Signature] 22. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) **010609**

24. PART I. CAUSE OF DEATH (See instructions and examples)
 Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.
 IMMEDIATE CAUSE (Final disease or condition resulting in death) → **CROONARY ARTERY DISEASE**
 Due to (or as a consequence of):
 a. **CROONARY ARTERY DISEASE**
 Due to (or as a consequence of):
 b.
 Due to (or as a consequence of):
 c.
 Due to (or as a consequence of):

25. WAS AN AUTOPSY PERFORMED? Yes No
 26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? Yes No

27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably No Unknown
 28. IF FEMALE: Not pregnant within past 12 months Pregnant at time of death Pregnant within one year of death but time unknown Not pregnant, but pregnant 43 days to 1 year before death Unknown if pregnant within the past 12 months
 28. MANNER OF DEATH: Natural Suicide Could not be determined Accident Homicide Pending investigation

30. DATE OF INJURY (Month/Day/Year) 31. TIME OF INJURY A.M. P.M. 32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area) 33. INJURY AT WORK? Yes No

34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code

35. DESCRIBE HOW INJURY OCCURRED: 36. IF TRANSPORTATION INJURY, SPECIFY: Driver/Operator Pedestrian Passenger Other (Specify)

37. I (IND) (DID NOT) ATTEND THE DECEDENT AND LAST SAW HIM/LER ALIVE ON **12-16-08** 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? Yes No 39. DATE PRONOUNCED (Month/Day/Year) **DECEMBER 30, 2008** 40. TIME OF DEATH **2:30** A.M. P.M.

41. CERTIFIER (Check only one):
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
 Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

42. NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) **ADEEBUR RAHMAN, 76650 S. HARLEM AVE, TINLEY PARK, IL 60489** 43. PHYSICIAN'S LICENSE NUMBER **036-084215**

44. TITLE OF CERTIFIER **M.D.** 45. DATE CERTIFIED (Month/Day/Year) **1-05-09** 46. SIGNATURE OF CERTIFIER [Signature]

(Based on the 2003 U.S. Standard Certificate)

Illinois Department of Public Health - Division of Vital Records

VR2000 (Rev. 1/08)

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

DEPARTMENT OF PUBLIC HEALTH

COPY

THIS CERTIFICATE COPY VALID WHEN REPRODUCED FROM ORIGINAL RECORD

[Signature]

STATE OF ILLINOIS
COMMISSIONER OF HEALTH
DIVISION OF VITAL RECORDS
010609

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ALTA COMMITMENT (6/17/06)

Order Number TM285626
Assoc File No 604777

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

Lot 24 in block 16 in Englefield being a subdivision of the southeast 1/4 of Section 30, Township 38 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois

PIK # 20-30-417-017

Property of Cook County Clerk's Office