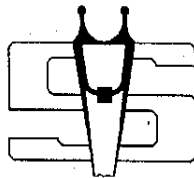




Doc#: 1006916033 Fee: \$62.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 03/10/2010 09:50 AM Pg: 1 of 3



Sanctity of Contract

Stewart Title Company of Illinois

DECEASED JOINT TENANCY AFFIDAVIT

URS # 99620 (FNTA)

STCI File Number: IL-10406

STATE OF ILLINOIS)
COUNTY OF COOK) SS. 587-05-7004

LAWRENCE MARTIN being duly sworn states that HE resides at 8409 S. SANGAMON STREET in the City of CHICAGO, IL 60620.

That LAWRENCE MARTIN was acquainted with Vila Martin, deceased who, at the time of death, was one of the sworn of the land in County, Illinois, describes as:

All of Lot Forty-Five (45), Lot Forty-Six (46) (except the North 12 1/2 feet thereof), in Book Three (3) in Bellamy's Subdivision of the North 40 acres of the South 60 acres of the East half (1/2) of the Southeast Quarter (1/4) of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian.

Be the same more or less but subject to all legal highways.

Parcel Number 20-32-413-003-0000

That the deceased died AUGUST 16, 1995, 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 THREE HUNDRED THIRTY dollars.

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

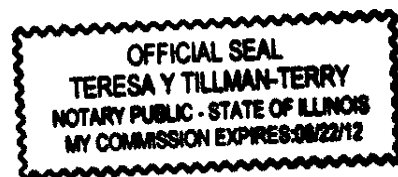
Subscribed and sworn to before me by the said

LAWRENCE MARTIN

this 1 day of FEBRUARY, A.D. 2010

Teresa Y. Tillman-Terry
Notary Public

Lawrence Martin
(Affiant's Signature)
Lawrence Martin.



UNOFFICIAL COPY

DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
10158886

Print in ink
NEVER WRITE
or Physicians
look for
NOTATIONS

DECEASED-NAME: **Villa Jean** FIRST MIDDLE LAST
 COUNTY OF DEATH: **Cook**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago**
 AGE-LAST BIRTHDAY (YRS): **58 - 44**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT NEITHER, GIVE STREET AND NUMBER): **Michael Reese Hospital**
 DATE OF DEATH (MONTH, DAY, YEAR): **December 02, 1950**
 SEX: **Female**
 DATE OF BIRTH (MONTH, DAY, YEAR): **August 16, 1995**
 F. HOSP. OR INST. INDICATE D.O.A. OR OTHER F.M. TREATMENT (SPECIFY): **Inpatient**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Mississippi**
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married**
 NAME OF SURVIVING SPOUSE (Maiden name, if wife): **Lawrence Martin**
 SOCIAL SECURITY NUMBER: **6237**
 USUAL OCCUPATION: **Educator**
 KIND OF BUSINESS OR INDUSTRY: **Education**
 EDUCATION (SPELLED OUT, HIGHEST GRADE COMPLETED): **12th**
 (Elementary/Secondary (0-12) Complete (1-4 or 5+))

RESIDENCE (STREET AND NUMBER): **8409 South Sagamon**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**
 RESIDE CITY (YES/NO): **Yes**
 COUNTY: **Cook**
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)): **Black**
 OF HISPANIC ORIGIN? (SPECIFY IN OTHER YES-IF YES, SPECIFY CUBAN, ME (CUBAN, PERTORICAN, etc.) YES/NO): **No**

FATHER-NAME: **Jesse Rogers** FIRST MIDDLE LAST
 MOTHER-NAME: **Idella Richardson** FIRST MIDDLE LAST
 RELATIONSHIP: **Husband**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY, TOWN, STATE, ZIP): **170. Husband 8409 South Sagamon, Chgo., IL 60620**

17a. LAWRENCE **Martin**
 IMMEDIATE Cause (Final disease or condition resulting in death): **Metastatic Cancer to Brain**
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or renal, (dry) frost, shock, or heart failure. List only one cause on each line.
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF: **Cancer of Breast Metastatic to Lung and Chest Wall**
 CAUSE LAST: **Months**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 DATE OF OPERATION, IF ANY: **20b.**
 MAJOR FINDINGS OF OPERATION: **198. NO 199. NO**
 (1) DID (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: **I Did**
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED:
 21a. **8/16/95**
 21b. **NO**
 WAS CORNER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO**
 HOUR OF DEATH: **4:25 P.M.**
 DATE SIGNED: **8/16/95**
 ILLINOIS LICENSE NUMBER: **2236-45506**

22a. SIGNATURE: **Margaret C. Telfer** (TYPE OR PRINT)
 NAME AND ADDRESS OF CERTIFIER: **Margaret C. Telfer MD**
 22c. **Margaret C. Telfer, 2929 S. Ellis, Chicago, IL 60616**
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): **2236-45506**

23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): **2236-45506**
 REMOVAL (SPECIFY): **24b. Poplar Spring**
 CEMETERY OR CREMATORY NAME: **24c. Shannan, Mississippi**
 LOCATION: **24d. Aug. 23, 1995**
 CITY OR TOWN: **STATE**

25a. GOLDEN GATE FUNERAL HOME, 2036 West 79th. St., Chicago, Illinois 60620
 FUNERAL DIRECTOR'S SIGNATURE: **Ernest Edwards**
 NAME: **Ernest Edwards**
 STREET AND NUMBER OR R.F.D.: **25c. 035 010 280**
 CITY OR TOWN: **STATE**

26a. LOCAL REGISTRAR'S SIGNATURE: **Sheila Lyne RSW**
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. AUG 18 1995**

VI-2000 (Rev. 5-89)
 Illinois Department of Public Health - Division of Vital Records
 (BASED ON 1988 U.S. STANDARD CERTIFICATE)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 18 1995

SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



UNOFFICIAL COPY

EXHIBIT A

LEGAL DESCRIPTION

FNTA File Number: IL-10406

The following described Real Estate situated in the County of Cook in the State of Illinois, to wit:

All of Lot Forty-Five (45), Lot Forty-Six (46) (except the North 12 1/2 feet thereof), in Book Three (3) in Bellamy's Subdivision of the North 40 acres of the South 60 acres of the East half (1/2) of the Southeast Quarter (1/4) of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian.

Be the same more or less but subject to all legal highways.

Parcel Number: 20-32-413-003-0000

Property also known as: 8409 S. Sangamon St, Chicago, IL 60620-3212.

Note: This title paper does not insure the acreage or quantity of land specified in the above described legal description.

PROPERTY OF COOK COUNTY CLERK'S OFFICE