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Doc#: 1009646034 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/08/2010 04:29 PM Pg: 1 of 3



PRO TITLE GROUP, INC
15W060 N. FRONTAGE ROAD
BURR RIDGE, IL 60527

DECEASED JOINT TENANT AFFIDAVIT

State of Illinois
County of COOK

RE: File Number 1001094

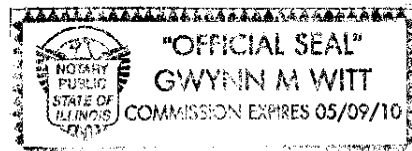
LEE ARTHUR GORDON, being duly sworn and for the purposes of inducing Pro Title Group, Inc. to delete all title exceptions caused by the death of ADELL GORDON, states:

1. That Affiant resides at 7822 S. WOODS STREET, CHICAGO, IL.
2. That Affiant was acquainted with said decedent who died on 11-01-08 as evidenced by the ~~certified~~ copy of death certificate attached hereto;
3. That said decedent was one of the owners of land described in the subject file.
4. That said decedent died:
 - X leaving no Last Will and Testament;
 - leaving a Last Will and Testament, a copy of which is attached hereto;
 - leaving a Last Will and Testament, which was filed in the unproven will box of the Probate Division of the Circuit Court of _____ County on _____
5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$100,000.00.

Subscribed and sworn to before me by the said Affiant
This 24th day of March, 2010.

Lee Arthur Gordon

[Signature]
Notary



1001094-cook

PRO TITLE GROUP, INC

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STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16+33		LOCAL FILE NUMBER 526		STATE FILE NUMBER	
1. DECEASED'S LEGAL NAME (Include AKA's if any) (Print Name, Last)		2. SEX		3. DATE OF DEATH (Month/Day/Year) (Specify Month)	
Adell Gordon		Female		November 01, 2008	
4. COUNTY OF DEATH		5a. AGE AT LAST BIRTHDAY (Years)		5b. UNDER 1 YEAR	
Cook		57		Months Days	
7a. CITY OR TOWN		7b. HOSPITAL, OR OTHER INSTITUTION NAME (If not in office, give street and number)			
Evergreen Park		Little Co. of Mary			
11. DEATH OCCURRED IN A HOSPITAL			12. PLACE OF DEATH (check only one box and indicate)		
<input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			<input type="checkbox"/> Home <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)		
8. BIRTHPLACE (City and State or Foreign Country)		9. SOCIAL SECURITY NUMBER		10. MARITAL STATUS AT TIME OF DEATH	
Gardenville, Alabama		323-48-8701		<input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
13a. RESIDENCE (Street and Number)		13b. APT. NO.		13c. CITY OR TOWN	
7822 S Woods				Chicago	
13d. COUNTY		13e. STATE (1sg. ZIP CODE)		13f. INSIDE CITY LIMITS	
Cook		IL 60620		<input type="checkbox"/> Yes <input type="checkbox"/> No	
14a. INFORMANT'S NAME		14b. RELATIONSHIP		14c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)	
Andrew Leak		Records		7838 S. Cottage Grove Chicago, IL 60619	
17. METHOD OF DEPOSITION (Print)		18. PLACE OF DISPOSITION (Place of entombment, crematory, other)		19. LOCATION - CITY/TOWN AND STATE	
<input type="checkbox"/> Oath <input type="checkbox"/> Affidavit <input type="checkbox"/> Other (Specify)		Washington Memory		Homewood, IL	
21a. FUNERAL HOME		21b. FUNERAL DIRECTOR'S SIGNATURE		21c. FUNERAL DIRECTOR'S ALIEN'S LICENSE NUMBER	
Leak And Sons Funeral Home		7838 S. Cottage Grove Chicago, Illinois 60619			
22. LOCAL REGISTRAR'S SIGNATURE		22b. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)		23. DATE OF DEPOSITION (Month/Day/Year)	
Kellv A. Kuzlik (Signature)		031-007488		November 6, 2008	
CAUSE OF DEATH (See instructions and examples)					
24. PART I. Enter the <u>immediate</u> cause of death, including the immediate cause of death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing evidence of a pre-existing condition such as a heart, lung, or kidney disease, or Parkinson disease, etc. Indicate in Part I or Part II, DO NOT ABBREVIATE. Indicate only one cause of a link. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Cardiac arrest</u>					
25. PART II. Enter the <u>underlying</u> cause of death, including the underlying cause of death, DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing evidence of a pre-existing condition such as a heart, lung, or kidney disease, or Parkinson disease, etc. Indicate in Part I or Part II, DO NOT ABBREVIATE. Indicate only one cause of a link. Add additional lines if necessary.					
IMMEDIATE CAUSE (Final disease or condition resulting in death) → <u>Hypertrophic cardiomyopathy</u>					
26. PART III. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I or II.					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
28. IF FEMALE: <input type="checkbox"/> Still pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Pregnant within one year of death but time not known <input type="checkbox"/> Not pregnant, but pregnant at death in 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months					
29. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Death not to be determined <input type="checkbox"/> Pending investigation					
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY		32. PLACE OF INJURY (e.g. Decedent's home, construction site, in, around, wooded area)	
		<input type="checkbox"/> AM <input type="checkbox"/> PM			
33. LOCATION OF INJURY (Street and Number)		33b. Apartment Number		33c. City or Town	
34. DESCRIBE HOW INJURY OCCURRED:					
35. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)					
37. I (WE) (DO NOT) ATTEST THE DECEASED'S (Signature/Day/Month/Year) AND LAST-BEST KNOWN ALIVE ON 09/03/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year)	
				November 1, 2008	
40. TIME OF DEATH: <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM 7:5					
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in charge of care at time of death - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> 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 (Date of Birth)		43. PHYSICIAN'S LICENSE NUMBER			
UMC 1657 W Adams Chicago, IL 60612		036037918			
44. TITLE OF CERTIFIER		45. DATE CERTIFIED (Month/Day/Year)		46. SIGNATURE OF CERTIFIER	
Cardiologist		11/05/08		RNEVMDKAS	

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.

DATE: NOVEMBER 6 2008

REGISTRAR: Kellv A. Kuzlik

AT: EVERGREEN PARK, ILLINOIS

SIGNATURE: Kellv A. Kuzlik

Conditions # 2

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LEGAL DESCRIPTION "EXHIBIT A"

LEGAL DESCRIPTION: LOT 8 IN A.B. DEWEY'S SUBDIVISION OF THE NORTH 475 FEET OF BLOCK 60 IN THE DEWEY AND VANCE SUBDIVISION OF THE SOUTH 1/2 OF SECTION 30, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 7822 S. WOODS STREET CHICAGO IL 60620

TAX NUMBER: 20-30-431-023-0000

PREPARED BY / MAIL TO:
LEE ARTHUR GORDON
7822 S. WOODS STREET
CHICAGO, IL 60620

Cook County Clerk's Office