DECEASED JOINT TENANT AFFIDAVIT

1009647174

Doc#: 1009647174 Fee: $40.00
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 04/06/2010 03:11 PM Pg: 1 of 3

For Recorder's use only

STATE OF ILLINOIS }
} SS.
COUNTY OF }

Order No. _____

Priscilla Green being duly sworn states that I

resides at 14615 S. Center St in the City of Harvey, County of Cook, State of Illinois.

That Priscilla Green was acquainted with Joseph Green 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. 29-08-321-052-0000
Common Address: 14615 Center Harvey IL

That the deceased died August 21 2009, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

_____ Leaving no Last Will & Testament.

X 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 Cook 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 30,000.00.

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

Priscilla Green
AFFIANT

Subscribed and sworn to before me by the said Shirley Newman as affiant this 16th day of April, A.D. 2010

Official Seal
Shirley A Newman
Notary Public State of Illinois
My Commission Expires 02/21/2011

NOTARY PUBLIC

Legal Description: Lot 37 of the South 1/2 of Lot 38 in Block 9 in Young and Ryan's Third Addition to Harvey, a Subdivision of the Southeast 1/4 of the Northwest 1/4 and Part South of Road of the Northeast 1/4 of Section 8 Township 36 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois

REGISTRATION DISTRICT NO. 1634
LOCAL FILE NUMBER

STATE OF ILLINOIS
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month/Day/Year) (Spell Month)
Joseph Green	Male	August 21, 2009

4. COUNTY OF DEATH	5a. AGE AT LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Month/Day/Year)
Cook	72					May 8, 1937

7a. CITY OR TOWN	7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number)
Harvey	Ingalls Memorial Hospital

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. BIRTHPLACE (City and State or Foreign Country)	9. SOCIAL SECURITY NUMBER	10. MARITAL STATUS AT TIME OF DEATH	11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)	12. EVER IN U.S. ARMED FORCES?
West,	[redacted]-7165	☒ Married ☐ Married but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	Priscilla Hunt	☐ Yes ☒ No

13a. RESIDENCE (Street and Number)	13b. APT. NO.	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?
14615 Center		Harvey	☒ Yes ☐ No

13e. COUNTY	13f. STATE	13g. ZIP CODE	14. FATHER'S NAME (First, Middle, Last)	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)
Cook	IL.	60426	Wade Green	Annie Lee Thompson

16a. INFORMANT'S NAME	16b. RELATIONSHIP	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)
Priscilla Green	Wife	14615 Center Harvey, IL. 60426

17. METHOD OF DISPOSITION: ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Other (Specify):	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other)	19. LOCATION - CITY, TOWN AND STATE	20. DATE OF DISPOSITION (Month/Day/Year)
	Washington Cemetery	Homewood, Illinois	08-29-09

21a. FUNERAL HOME NAME	STREET AND NUMBER	CITY OR TOWN	STATE	ZIP
W.W. Holt Funeral Home	175 West 159th Street	Harvey,	Illinois	60426

21b. FUNERAL DIRECTOR'S SIGNATURE	21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
W. W. Holt	034-010992

22. LOCAL REGISTRAR'S SIGNATURE	23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)
Nancy L. Clark	AUG 26 2009

CAUSE OF DEATH (See instructions and examples)

24. PART I. 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.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. METASTATIC NON SMALL CELL CA OF LUNG

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

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.

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?	28. IF FEMALE:	29. MANNER OF DEATH
☐ Yes ☑ Probably ☐ No ☐ Unknown	☐ Not pregnant within past 12 months ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Pregnant within one year of death but time unknown ☐ Unknown if pregnant within the past 12 months	☒ 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 (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON	38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes ☒ No	39. DATE PRONOUNCED (Month/Day/Year)	40. TIME OF DEATH
		August 21, 2009	1:58 ☒ 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)	43. PHYSICIAN'S LICENSE NUMBER
Dr. J. Paredes 17901 Governors Highway #106 Homewood, IL.	036064180

44. TITLE OF CERTIFIER	45. DATE CERTIFIED (Month/Day/Year)	46. SIGNATURE OF CERTIFIER
MD	8/25/09	

(Based on the 2003 U.S. Standard Certificate)
Illinois Department of Public Health - Division of Vital Records
VR200 (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.

AUG 26 2009

Nancy L. Clark