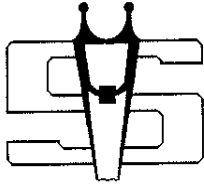




Doc#: 1028131045 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/08/2010 01:01 PM Pg: 1 of 3



Sanctity of Contract

Stewart Title Company of Illinois

STEWART TITLE COMPANY
2055 W. Army Trail Road, Suite 110
Addison, IL 60101
630-889-4500

DECEASED JOINT TENANCY AFFIDAVIT

1/2
STCI File Number: 606469

STATE OF ILLINOIS)
COUNTY OF) ss.

Darron Harrison
being duly sworn states that He resides at 1706 Waterford in the City of
Lansing, IL 60438

That he was acquainted with Brenda Harrison deceased who, at the time of death, was one of the
sworn of the land in County, Illinois, describes as:

17061 Waterford. 29-25-217-014
Lansing, IL

That the deceased died June 30, 2007, 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 50,000 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

Darron Harrison
this 24th day of Sept, A.D. 2010

[Signature]
Notary Public

[Signature]
(Affiant's Signature)

S	<u>Y</u>
P	<u>3</u>
S	<u>N</u>
SC	<u>Y</u>
INT	<u>AB</u>

Jan 13 10 09:10a

UNOFFICIAL COPY

7-21-2 7 15:25

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

July 11, 2007
Date Filed
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PRINT
LINK

1. DECEASED—NAME (First, Middle, Last) Brenda Harrison		2. SEX Female	3. TIME OF DEATH 12:45P	4. DATE OF DEATH (Month, Day, Year) June 30, 2007
5. SOCIAL SECURITY NUMBER [REDACTED]	6. AGE—Last Birthday (Years) 43	7a. UNDER 1 YEAR (Months, Days) Months: Days:	7b. UNDER 1 DAY (Hours, Minutes) Hours: Minutes:	8. DATE OF BIRTH (Mo, Day, Yr) Oct. 21, 1963
9. PLACE OF DEATH (Specify only one. See instructions)		7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		
10. WAS DECEDENT A U.S. VETERAN? No	11. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	12. HOSPITAL: Amputee <input type="checkbox"/> EYE <input type="checkbox"/> DOA		13. OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Subacute
14. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital		15. CITY, TOWN OR LOCATION OF DEATH Hammond	16. COUNTY OF DEATH Lake	
17. MARITAL STATUS Married	18. SURVIVING SPOUSE (If wife, give maiden name) Darron Harrison	19. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Title Agent	20. KIND OF BUSINESS/INDUSTRY Title Insurance	
21. RESIDENT STATE Illinois	22. COUNTY Cook	23. CITY, TOWN OR LOCATION Lansing		24. STREET AND NUMBER 17061 Waterford Dr.
25. ZIP CODE 60438	26. FEDERAL CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. CITIZEN OF WHAT COUNTRY USA	28. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	29. RACE—American Indian, Black, White, etc. (Specify) Black
30. DECEDENT'S EDUCATION (Specify only highest grade completed) Highway/Secondary (9-12) College (11-4 or 5+) 1		18. MOTHER'S NAME (First, Middle, Maiden Surname) Rosie M. Sims		
19. FATHER'S NAME (First, Middle, Last) Pemsey Tyler		20. INFORMANT'S NAME (Type/Print) Darron Harrison		
21. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State) 17061 Waterford Dr. Lansing, IL		22. Relationship Husband		
23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		24. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 6, 2007 Cedar Park Cemetery		25. LOCATION—City or Town, State Calumet Park, IL
26. FUNERAL HOME NAME Samuel Smith, Jr.		27. DECEASED'S LICENSE NO. FDE01019692	28. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
29. SIGNATURE OF FUNERAL DIRECTOR <i>Samuel Smith, Jr.</i>		30. LICENSE NUMBER (of Licensee) FDE01019692	31. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Divinity Funeral Home FH8300157 3820 Pulaski St. E.C., IN 46312	
32. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter non-causal conditions such as cardiac or respiratory arrest, shock, or heart failure. List only one condition each line.				
33. IMMEDIATE CAUSE (Final disease condition resulting in death) Breast Cancer				
34. DUE TO (OR AS A CONSEQUENCE OF)				
35. DUE TO (OR AS A CONSEQUENCE OF)				
36. DUE TO (OR AS A CONSEQUENCE OF)				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I.				
37. WAS DECEDENT PREGRANT OR 90 DAYS POSTPARTUM? (Yes or no) No		38. WAS AN AUTOPSY PERFORMED? (Yes or no) No	39. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
40. CERTIFIER: <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER 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) as stated. <input type="checkbox"/> CORONER In the course of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.				
41. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		42. MEDICAL LICENSE NO. 01052692	43. DATE SIGNED (Month, Day, Year) 7/9/07	
44. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Do not print name) Dr. B. Camargo 5454 Hohman Hammond IN 46320				
45. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				46. DATE FILED (Month, Day, Year) July 11, 2007
47. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		48. DATE OF INJURY (Month, Day, Year)	49. TIME OF INJURY	50. INJURY AT WORK? (Yes or no)
51. PLACE OF INJURY—At home, farm, street, factory, office, dining, etc. (Specify)		52. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
53. DATE PRONOUNCED DEAD (Month, Day, Year)		54. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

File Number: TM286351

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LEGAL DESCRIPTION

LOT 14 IN WATERFORD ESTATES, BEING A RESUBDIVISION IN THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 25, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

29-25-217-014-0000

Commonly known as: 17061 South Waterford
South Holland IL 60473

Mail to & prepared by
Marjorie Fortner
562 B Dover Circle
Frankfort, IL 60423

Property of Cook County Clerk's Office