

# UNOFFICIAL COPY

## DECEASED TENANCY BY THE ENTIRETY AFFIDAVIT



Doc#: 1028531122 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/12/2010 05:04 PM Pg: 1 of 2

State of Illinois )  
                                  ) SS.  
County of Cook )

Kelly Wright hereinafter called Affiant(s) being duly sworn states that she resides at 31 W. 13<sup>th</sup> Street Chicago, IL 60605. That Affiant was married to Leroy J. Wright, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

PIN: 17-21-213-002-0000

PARCEL 1: LOT 1 IN MCLEAN RESUBDIVISION BEING A SUBDIVISION OF BLOCK 5 IN DEARBORN PARK UNIT 2, BEING A RESUBDIVISION OF SUNDRY LOTS AND VACTED STREETS AND ALLEYS IN PART OF THE NORTHEAST QUARTER OF SECTION 21, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL 2: EASEMENT FOR THE BENEFIT OF PARCEL 1 FOR INGRESS AND EGRESS RECORDED NOVEMBER 28, 1989 AS DOCUMENT 89566231.

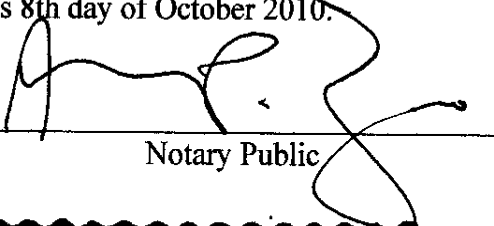
That the Deceased died on September 24, 2010, as evidenced by a copy of Deceased's death certificate attached hereto.


That the Deceased, at the time of his death, held his share of the above-mentioned property as a tenant by the entirety and that the Deceased died leaving no last will & testament.

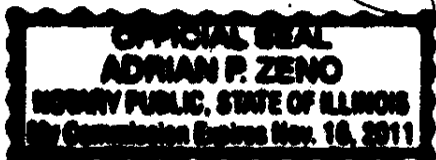
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy or tenants by the entirety, at the time of the death of the Deceased, does not exceed the sum of \$100,000.00.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me  
this 8th day of October 2010.

  
\_\_\_\_\_  
Notary Public

  
\_\_\_\_\_  
Affiant's Signature



# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

### CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0070565      MEDICAL EXAMINER'S CASE NUMBER 382SEP10      DATE ISSUED 10/04/2010

|   |  |  |   |  |
|---|--|--|---|--|
| DECEDENT'S LEGAL NAME<br><b>LEROY JESSE WRIGHT</b>  |  | SEX<br><b>MALE</b>   | DATE OF DEATH<br><b>SEPTEMBER 24, 2010</b>                        |  |
| COUNTY OF DEATH<br><b>COOK</b>  | AGE AT LAST BIRTHDAY<br><b>41 YEARS</b>            | DATE OF BIRTH<br><b>DECEMBER 22, 1968</b>                      |   |  |
| CITY OR TOWN<br><b>CHICAGO</b>  |  | HOSPITAL OR OTHER INSTITUTION NAME<br><b>31 W 13TH STREET</b>  |   |  |
| PLACE OF DEATH<br><b>DECEDENT'S HOME</b>  |  |  |   |  |
| BIRTHPLACE<br><b>SAINT LOUIS, MO</b>  | SOCIAL SECURITY NUMBER<br><b>495-80-6110</b>       | MARITAL STATUS AT TIME OF DEATH<br><b>MARRIED</b>              | SURVIVING SPOUSE'S NAME<br><b>KELLY ELIZABETH GRAY</b>            | EVER IN U.S. ARMED FORCES? <b>NO</b>                           |
| RESIDENCE<br><b>31 W 13TH STREET</b>  | APT. NO.   | CITY OR TOWN<br><b>CHICAGO</b>                                 |   | INSIDE CITY LIMITS?<br><b>YES</b>                              |
| COUNTY<br><b>COOK</b>   | STATE<br><b>IL</b>                                 | ZIP CODE<br><b>60605</b>                                       | FATHER'S NAME<br><b>RODNEY WRIGHT</b>                             | MOTHER'S NAME PRIOR TO FIRST MARRIAGE<br><b>CAROLYN MILLER</b> |
| INFORMANT'S NAME<br><b>KELLY ELIZABETH WRIGHT</b>   |  | RELATIONSHIP<br><b>WIFE</b>                                    | MAILING ADDRESS<br><b>5142 S DORCHESTER, CHICAGO, IL, 60615</b>   |  |
| METHOD OF DISPOSITION<br><b>CREMATION</b>   | PLACE OF DISPOSITION<br><b>THE LAKES CREMATORY</b> | LOCATION - CITY OR TOWN AND STATE<br><b>LAKE VILLA, IL</b>     | DATE OF DISPOSITION<br><b>OCTOBER 01, 2010</b>                    |  |
| FUNERAL HOME<br><b>A A RAYNER AND SONS SOUTH, 318 EAST 71ST STREET, CHICAGO, IL, 60619</b>  |  |  |   |  |
| FUNERAL DIRECTOR'S NAME<br><b>IVAN EDWARD RAYNER</b>  |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER<br><b>034010200</b> |   |  |
| LOCAL REGISTRAR'S NAME<br><b>DAVID ORR</b>  |  | DATE FILED WITH LOCAL REGISTRAR<br><b>SEPTEMBER 30, 2010</b>   |   |  |
| <b>CAUSE OF DEATH</b> PART I. <b>GUNSHOT WOUND TO HEAD</b>  |  |  |   |  |
| IMMEDIATE CAUSE<br>(Final disease or condition resulting in death)  |  | a.   | Due to (or as a consequence of):                                  |  |
|   |  | b.   | Due to (or as a consequence of):                                  |  |
|   |  | c.   | Due to (or as a consequence of):                                  |  |
|   |  | Due to (or as a consequence of):                               |   |  |
| PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. |  |  |   |  |
| DID TOBACCO USE CONTRIBUTE TO DEATH?  |  |  | WAS AN AUTOPSY PERFORMED? <b>NO</b>                               |  |
| FEMALE PREGNANCY STATUS<br><b>NOT APPLICABLE</b>  |  |  | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b> |  |
| DATE OF INJURY<br><b>SEPTEMBER 24, 2010</b>   |  |  | MANNER OF DEATH<br><b>SUICIDE</b>                                 |  |
| TIME OF INJURY<br><b>02:35 PM</b>   |  |  | INJURY AT WORK?<br><b>NO</b>                                      |  |
| PLACE OF INJURY<br><b>DECEDENT'S HOME</b>   |  |  |   |  |
| LOCATION OF INJURY<br><b>31 WEST 13TH STREET, CHICAGO, IL, 60605</b>  |  |  |   |  |
| DESCRIBE HOW INJURY OCCURRED:<br><b>SHOT SELF IN HEAD</b>   |  |  |   | IF TRANSPORTATION INJURY, SPECIFY:                             |
| ATTEND THE DECEASED?  | DATE LAST SEEN ALIVE                               | WAS MEDICAL EXAMINER OR CORONER CONTACTED?                     | DATE PRONOUNCED<br><b>SEPTEMBER 24, 2010</b>                      | TIME OF DEATH<br><b>06:45 PM</b>                               |
| CERTIFIER<br><b>MEDICAL EXAMINER/CORONER</b>  |  |  | DATE CERTIFIED<br><b>SEPTEMBER 25, 2010</b>                       |  |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH<br><b>NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL, 60612</b>   |  |  | PHYSICIAN'S LICENSE NUMBER  |  |

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



*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE