

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1029947095 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 10/26/2010 11:41 AM Pg: 1 of 2

State of Illinois )  
) SS.  
County of Cook )

Christine Howard being duly sworn states  
that she resides at  
15521 Rose Drive  
in the Village of South Holland, Illinois, 60473

That she was acquainted with John C. Howard,  
Deceased, who at the time of his death, was one  
of the owners of the land in Cook County,  
Illinois, described as follows:

LOT 89 IN CHAPMAN'S SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHEAST  
QUARTER OF SECTION 15, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL  
MERIDIAN, IN COOK COUNTY, ILLINOIS.

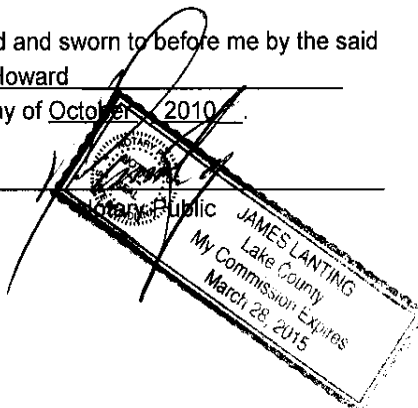
Permanent Real Estate Index Number: 29-15-214-011-0000  
Address of real estate: 15521 Rose Drive, South Holland, IL 60473

That the deceased died April 19, 2010 as evidenced by a certified copy of the death certificate of the deceased  
attached hereto.

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 \$ \_\_\_\_\_.

Christine Howard  
(Affiant's Signature)

Subscribed and sworn to before me by the said  
Christine Howard  
this 5<sup>th</sup> day of October, 2010.



STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.22  
 REGISTERED NUMBER 61  
 DECEASED-NAME FIRST MIDDLE LAST  
 John C. Howard  
 SEX 2. Male  
 DATE OF BIRTH (MONTH, DAY, YEAR) 3. April 19, 2006  
 COUNTY OF DEATH (MONTH, DAY, YEAR) 3. April 19, 2006  
 4. Cook  
 CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6b. 3637 S. 59th Court  
 6c.   
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8b. Tosalina Navarro  
 7. Chicago, IL  
 SOCIAL SECURITY NUMBER 11a. Counselor  
 10. 327-34-9027  
 RESIDENCE (STREET AND NUMBER) 13b. Cicero  
 13a. 3637 S. 59th Court  
 STATE 13c. Illinois  
 FATHER-NAME FIRST MIDDLE LAST 16. Helen U/A  
 15. Alexander Howard  
 INFORMANT'S NAME (TYPE OR PRINT) 17b. Wife  
 17a. Rosalina Howard  
 18. PART I. Enter the diseases, or communications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  
 Immediate Cause (Final disease or condition resulting in death) (a) Cardiac arrest as a consequence of  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (b) DU TO  
 STATING THE UNDERLYING CAUSE LAST. (c) DU TO, OR AS A CONSEQUENCE OF

19a. No 19b. No  
 20a. DATE OF OPERATION  
 20b. MAJOR FINDINGS OF OPERATION  
 21a. No 21b. No  
 21c. 9:45 A.M.  
 22a. SIGNATURE Michael A. Williams MD  
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
 22b. 840 S. Wood St. MC 820 Chicago, IL 60612  
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  
 23. ILLINOIS LICENSE NUMBER 034-010571  
 24a. Burial  
 24b. Mount Auburn  
 24c. Stickney, Illinois  
 25a. Sourek Manor Funeral Home  
 25b. Sourek Manor Funeral Home  
 25c. 5645 W. 35th St. Cicero, IL 60804  
 26a. MARYLIN COLPO  
 26b. APRIL 24, 2006  
 26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
 26d. APRIL 24, 2006  
 26e. DATE (MONTH, DAY, YEAR)  
 26f. CITY OR TOWN  
 26g. STATE  
 26h. ZIP  
 26i. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
 26j. 034-010571  
 26k. FUNERAL DIRECTOR'S SIGNATURE  
 26l. MARYLIN COLPO  
 26m. DIVISION OF VITAL RECORDS  
 26n. ILLINOIS DEPARTMENT OF PUBLIC HEALTH

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I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUS RELATING TO THE REGISTRATION OF BIRTHS, STILL BIRTHS AND DEATHS.  
 DATE: APR 24 2006  
 SIGNED: Marilyn Colpo  
 OFFICIAL TITLE: LOCAL REGISTRAR  
 AT: CICERO, ILLINOIS