

UNOFFICIAL COPY



Doc#: 1031928001 Fee: \$42.25
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/15/2010 09:34 AM Pg: 1 of 3

Prepared By:

Robert Outten
8253 South Kimbark Avenue
Chicago, IL 60619

After Recording Mail To:

LegalZoom - 8665478
9041 South Pecos Road, Suite 3900
Henderson, NV 89074

SPACE ABOVE THIS LINE FOR RECORDER'S USE

DECEASED JOINT TENANCY AFFIDAVIT

TITLE OF DOCUMENT

The undersigned, **Robert Outten** of legal age, as the sole surviving tenant, being first duly sworn, deposes and states that he resides at 8253 South Kimbark Avenue, Chicago, Illinois 60619.

That he was spouse and joint tenant with **Billie Jean Outten**, who is the same person as **Billie Outten**, deceased, who, at the time of death, was one of the owners of the land in **Cook** County, **Illinois** described as follows:

THE SOUTH 7 FEET 6 INCHES OF LOT SEVENTEEN (17) AND ALL OF LOT EIGHTEEN (18) IN E. B. SHOGREN AND COMPANY'S SECOND ADDITION TO AVALON PARK, BEING A RESUBDIVISION OF LOTS 1 TO 46, BOTH INCLUSIVE IN BLOCK 7, IN PIERCE'S PARK, A SUBDIVISION OF THE SOUTHWEST QUARTER (1/4) OF THE NORTHEAST QUARTER (1/4) OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Site Address: **8253 South Kimbark Avenue, Chicago, Illinois 60619**

Permanent Index Number: **20-35-226-015-0000**

That the deceased died **June 26, 2010**, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died (you must make a choice):

XX 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 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 Cook County, Illinois, on or about _____, 20____

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 \$ 150,000 dollars.

S 7
P 3
S 4
M 7
SC 7
E 2
INT 8 1/2

UNOFFICIAL COPY

DATED this 15th day of October, 2010.

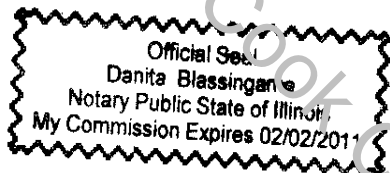
Robert Outten
Robert P. Outten

Robert Outten

STATE OF Illinois)
COUNTY OF Cook) ss

SUBSCRIBED AND SWORN to before me this 15th day of October, 2010, by **Robert Outten.**

WITNESS my hand and official seal



Danita Blassingame
NOTARY PUBLIC

Danita Blassingame
PRINTED NAME OF NOTARY
MY Commission Expires: 2/2/2011

Property of Cook County Clerk's Office

UNOFFICIAL COPY

**CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2010 0046848

DATE ISSUED 07/01/2010

DECEDENT'S LEGAL NAME BILLIE JEAN OUTTEN		SEX FEMALE	DATE OF DEATH JUNE 26, 2010
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH NOVEMBER 02, 1933	
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 8253 S KIMBARK		
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE GRENADA, MS	SOCIAL SECURITY NUMBER [REDACTED] 9473	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME ROBERT OUTTEN
RESIDENCE 8253 S KIMBARK	APT. NO.	CITY OR TOWN CHICAGO	EVER IN U.S. ARMED FORCES? NO
COUNTY COOK	STATE IL	ZIP CODE 60619	FATHER'S NAME WILLIAM DAVIS
INFORMANT'S NAME MAYBLEINE GIGGERS		RELATIONSHIP HOSPITAL RECORDS	MOTHER'S NAME PRIOR TO FIRST MARRIAGE BESSIE LUELLE STARKS
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL
DATE OF DISPOSITION JULY 02, 2010			
FUNERAL HOME CAGE MEMORIAL CHAPEL, 7651 S JEFFERY BLVD, CHICAGO, IL, 60649			
FUNERAL DIRECTOR'S NAME AVIS ROBINSON		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016450	
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR JUNE 30, 2010	
CAUSE OF DEATH PART I. CORONARY ARTERY DISEASE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)			
a. _____ Due to (or as a consequence of):			
b. CHRONIC OBSTRUCTIVE PULMONARY DISEASE			
c. _____ 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?		FEMALE PREGNANCY STATUS NOT APPLICABLE	WAS AN AUTOPSY PERFORMED? NO
DATE OF INJURY		TIME OF INJURY	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
LOCATION OF INJURY		PLACE OF INJURY	MANNER OF DEATH NATURAL
DESCRIBE HOW INJURY OCCURRED.		IF TRANSPORTATION INJURY, SPECIFY.	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JUNE 18, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED
CERTIFIER PHYSICIAN		TIME OF DEATH 09:15 AM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOSEPH SHEGA, 5841 S MARYLAND, CHICAGO, ILLINOIS, 60637		DATE CERTIFIED JUNE 29, 2010	
		PHYSICIAN'S LICENSE NUMBER 036100180	

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