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FIDELITY NATIONAL TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number:

County of Cook

Wanda Y. James being duly sworn states that he/she resides at 107 S. Belle Ave., Palatine, Illinois 60067

That he/she was acquainted with the, deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on May 8, 2005 as evidenced by a certified copy of the death certificate of said deceased attached hereto.

That the deceased:

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 on or 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 \$ 240,000.-

SUBSCRIBED and SWORN to before me on



(SEAL)

Notary Public

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page 1



Doc#: 1034355093 Fee: \$62.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/09/2010 02:03 PM Pg: 1 of 3

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I, David Orr, County Clerk of the County of Cook, in the State of Illinois, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E	1. DECEASED-NAME FIRST MIDDLE LAST William John James			SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. 5-8-2005			
	4. COUNTY OF DEATH Cook			AGE-LAST BIRTHDAY (YRS) 5a. 75		UNDER 1 YEAR MOS. DAYS		UNDER 1 DAY HOURS MIN. 5c. July 29, 1929	
	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Palatine			6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 107 S. Belle Ave.				6c. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Minneapolis, MN		8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Yvonne Bancroft			9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) Yes	
	10. SOCIAL SECURITY NUMBER [REDACTED]		11a. USUAL OCCUPATION Band Master		11b. KIND OF BUSINESS OR INDUSTRY U.S. Army		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5+) 12. 12		
13a. RESIDENCE (STREET AND NUMBER) 107 S. Belle Ave.			13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Palatine		13c. INSIDE CITY (YES/NO) Yes		13d. COUNTY Cook		
13e. STATE Illinois		13f. ZIP CODE 60067		14. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
15. FATHER-NAME FIRST MIDDLE LAST William Royal James			16. MOTHER-NAME FIRST MIDDLE LAST Merle Eye						
17a. INFORMANT'S NAME (TYPE OR PRINT) Yvonne James			17b. RELATIONSHIP Wife		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 107 S. Belle Ave. Palatine, IL 60067				
18. PART I. Enter the diseases, or complications 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.								APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death) → (a) Chronic Respiratory Failure								6 years	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.									
(b) DUE TO, OR AS A CONSEQUENCE OF									
(c) DUE TO, OR AS A CONSEQUENCE OF									
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Critical Aortic Stenosis, Coronary Artery disease Congestive Heart Failure Anemia						19a. AUTOPSY (YES/NO) NO		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a. DATE OF OPERATION, IF ANY			20b. MAJOR FINDINGS OF OPERATION			20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
21a. (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 4/20/2005				21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		21c. HOUR OF DEATH 5:00 AM			
22a. SIGNATURE <i>John T. Fox</i>						22b. DATE SIGNED (MONTH, DAY, YEAR) 5/9/05			
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) John T. Fox 500 N. Hickes Road Palatine IL 60067						22d. ILLINOIS LICENSE NUMBER 036064932			
22e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation		24b. CEMETERY OR CREMATORY-NAME Elm Lawn Crematory		24c. LOCATION CITY OR TOWN STATE Elmhurst, IL		24d. DATE (MONTH, DAY, YEAR) May 10, 2005			
DISPOSITION									
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Ahlgrim Family Funeral Services 201 N. Northwest Hwy. Palatine IL 60067-5359						25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 9946			
25b. FUNERAL DIRECTOR'S SIGNATURE <i>R. Ahlgrim</i>						25d. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>			
25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) May 10, 2005									

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LOT 2 IN BLOCK 6 IN WINSTON PARK NORTH WEST UNIT NO. 6, BEING A RESUBDIVISION OF PART OF PALATINE HEIGHTS UNIT NO. 1, BEING A SUBDIVISION OF THE NORTH HALF OF THE NORTH EAST QUARTER OF SECTION 24, TOWNSHIP 42 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN ACCORDING OT THE PLAT THEREOF RECORDED SEPTEMBER 14, 1967 AS DOCUMENT 20260468 IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number: 02-24-209-033-0000

Address of Real Estate: 107 S. Belle Avenue, Palatine, Illinois 60067

Property of Cook County Clerk's Office