Instrument Prepared by:

Charles & Jun WOFFICIAL COPY



Deceased Joint Tenancy Affidaylt

Doc#: 1036248050 Fee: \$40.00 Fugene "Gene" Moore BHSF Fee: \$10.00

Cook County Recorder of Deeds

Pate: 12/28/2010 12:15 PM Pg: 1 of 3

	•
Charles & Jun Lewis	
being duly swom states that above parties resid	may 1014 101 18th 2/200
in the City of Lembard	as at 19w; 101 10 place
	•
charles & Tur Lewis	1
That was ac us inted with Covene	Lewis deceased who, at the time of
death, was one of the owners of incland in Cook	County, Illinois, described as:
ATTACHLEG	SAL DESCRIPTION
That the deceased died $\sqrt{p-25}$	20/0 , as evidenced by a certified copy of
death certificate of the deceased attached hereto.	, as evidenced by a certified copy of
That the deceased died:	0/
Looden on Louisell o Talan	τ
Leaving no Last Will & Testament.	Ci
Leaving a Last Will & Testament a copy of whi	ch is altached hereto. The original of the unproven will should
be filed with the Clerk of Probate Division of the	Circuit Court or County, Illinois.
Leaving a Last Will & Testament which was file	d in the Unproven Will sox of the Probate Division of the
Circuit Court of	County, Illinois about
	0.
That the total volum of the county of the	
ither individually or in joint tenancy at the time of the death	both real and personal property owned by the deceased
, , , , , , , , , , , , , , , , , , , ,	dollars.
fliant makes this affidavit for the ourpose of transferring tit	le for the above described real property from the decensed
int owner to the surviving joint tenant(s).	in ion ma above described real property from the decession
ubscribed and sworn to before me by the said	TO THE PROPERTY OF THE PARTY OF
the said	The state of the s
	A Company of the Comp
1.0	44. 26 2012
s 18 day of Decembe, AD. 182010	
Coren al	Leas I
Notary Public	(Affiant's Signature)
	• • •

1036248050 Page: 2 of 3

DUPAGE COUNTY HEALTH DEPARTMENT WHEATON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

ATE FILE NUMBER 2010 0	078426								DAT	E ISSUED	11/01/201
DECEDENT'S LEGAL NAME CORENE LEWIS	DENT'S LEGAL NAME							DATE OF DEATH OCTOBER 25, 2010			
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 84 YEARS				DATE OF BIRTH AUGUST 01, 192						
CITY OR TOWN HINSDALE				HOSPITAL O	CARE A	INSTITUTION AT HINSDA	NAME LE				·
PLACE OF DEATH NURSING HOME / LONG			MADITAL STA	ATUS AT TIME	OF DEATH	SURVIVING	SPOUSE'S NAM	IE			U.S. ARMED
BIRTHPLACE CANTON, MS	SOCIAL SECURITY NUMBER MARIT			D						FORCES? NO	
RESIDENCE 600 W ODGEN AVE						OR TOWN ISDALE			YES		
COUNTY COOK		60521 CHARLIE PETERSON VERN						S NAME PRIOR TO FIRST MARRIAGE ETTA UNKNOWN			
INFORMANT'S NAME CHARLES LEWIS	700	SON				AILING ADDRESS 19W101 18TH PLACE, LOMBARD, IL, 60148					
METHOD OF DISPOSITION PL'CE OF DISPOSITION BURIAL FOREST HOME CEME				ERY		OCATION - CIT FOREST P	D STATE	OCTOBER 29, 2010			
FUNERAL HOME A A RAYNER AND SON	IS WEST, 5911	WEST M'S	DISON STR	EET, CHIC	AGO, IL	, 60644	·			IOENICE MIL	MDED
FUNERAL DIRECTOR'S NAME DIANE S BROWN						031009394					
OCAL REGISTRAR'S NAME MAUREEN T MCHUGH					DATE FILED WITH LOCAL REGISTRAR NOVEMBER 1, 2010						
CAUSE OF DEATH PAR	TI MULTIPLE N	MYELOMA						 MTE	AND DEATH	22	MONTHS
(Final disease or condition resulting in death)	b. TRANSFUS	ON DEPEND		(or a a cons. que	nce of):			PPROXIM		22	2 MONTHS
	с.		Due to	(or as a conseque	ur æ t ^o fi	×_	·.		INTER		,
PART II. Enter other significant of	onditions contribu	ting to death		or as a conseque		ven in ¹ ART i.	V	VAS AN AU	TOPSY P	ERFORMED	7 NO
TART H. EINEI ORIER SIGNIFICANE C	Milmigration arterest them							VERE AUTO	OPSY FIN	DINGS USE OF DEATH?	D TO N/A
DID TOBACCO USE CONTRIBUT	TE TO DEATH?	•	REGNANCY STA	ATUS			7	MANNER OF	F DEATH		
DATE OF INJURY		TIME OF IN		PLACE OF	INJURY		0			INJUI	RY AT WORK?



LOCATION OF INJURY

ATTEND THE DECEASED?

YES

CERTIFIER **PHYSICIAN**

DESCRIBE HOW INJURY OCCURRED:

DATE LAST SEEN ALIVE

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

OCTOBER 20, 2010

DR. SHEELA SWAMY, 1034 WARREN AVE, DOWNERS GROVE, ILLINOIS, 60515

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

WAS MEDICAL EXAMINER OR

CORONER CONTACTED?

Maureen T. McHugh

Local Registrar

Not valid without the embossed seal of the DuPage County Health Department.

YES

DATE PRONOUNCED

IF T (AN 3PORTATION INJURY, SPECIFY:

PHYSICIAN'S LICENSE NUMBER

DATE CERTIFIED OCTOBER 28, 2010

036081176

TIME OF DEATH

04:45 PM

1036248050 Page: 3 of 3

UNOFFICIAL

Subdivision of the North West Quarter (N.W. 1.4) of the South West Section 36, Township 38, North Mange 11, East of the Stony Island Avenue. In Cook County, Illinois North Mange 11, East of the Third Principal Heridian. Lot 4 in Block 3 in Southlawn Bighlands, being N. C. Mayers wister (N.W. 1.4) of the South West Subdivision of

Permanent Real Estate Index Number(s): 20-36-308-021-0000.
Address(es) of Real Estate: 1647 East 84th Street, Chicago. E. 60517

DATED this day of June, 2010

Collination (SECT) LUCE (SEAL) Corene Lewis, Trustee

Charles Lewis, Trustee