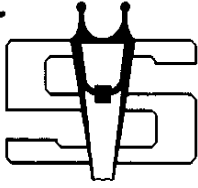


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Sanctity of Contract

STC 621297 1 of 2

Stewart Title Company of Illinois



1102726117

Doc#: 1102726117 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/27/2011 01:10 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF)

STCI File Number: 621297

SS.

Darron Harrison
being duly sworn states that he resides at 17601 Wakeford in the City of
Lansing, IL

That he was acquainted with Brenda Harrison deceased who, at the time of death, was one of the
sworn of the land in _____ County, Illinois, describes as:

SEE Exhibit A
Attached hereto.

That the deceased died June 30, 2007, as evidenced by a certified copy of death certificate of the deceased
attached hereto.

- That the deceased died: 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 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 501,000 dollars.

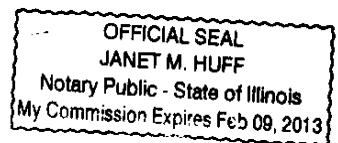
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy., describing the above mentioned property.

Subscribed and sworn to before me by the said

Darron Harrison
this 6th day of January, A.D. 2011

[Signature]
Notary Public

[Signature]
(Affiant's Signature)



ONE AT CUSTOMER'S REQUEST

STEWART TITLE COMPANY
2055 West Army Trail Road, Suite 110
Addison, IL 60101
630-889-4000

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UNOFFICIAL COPY

STEWART TITLE

GUARANTY COMPANY
HEREIN CALLED THE COMPANY

COMMITMENT - LEGAL DESCRIPTION

ALTA COMMITMENT (6/17/06)

Order Number, TM293538
Assoc File No 20101007

LOTS 9 AND 10 IN HOGES SUBDIVISION OF THE SOUTH 1/2 OF THE EAST 1/2 OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

Prep By
 &
 mail to: Marjorie Fortner
 PO Box 1445
 Frankfort, IL
 60423

Pin# 20-17-425-025
 20-17-425-026

Prop Add 6224 S. Aberdeen
 Chicago, IL
 60621

Jan 13 10 09:10a

UNOFFICIAL COPY

p.1

L-21-2 ? 15:25

A R RAYNER AND SONS

THE SOCIAL SECURITY ACT requires that the Social Security Administration be notified of a death in order to determine eligibility for benefits. Disclosure is required by law and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFICATE THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH OR FILE WITH THE HAMMOND HEALTH DEPARTMENT.
July 11, 2007
D. R. Rayner, M.D.
Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1. DECEASED—NAME (Print, Middle, Last) Brenda Harrison		2. SEX Female	3a. TIME OF DEATH 12:45P	3b. DATE OF DEATH (Month, Day, Year) June 30, 2007
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Month, Day, Year) 43	5b. UNDER 1 YEAR Month: _____ Day: _____	5c. UNDER 1 DAY Hour: _____ Minute: _____	6. DATE OF BIRTH (Month, Day, Year) Oct. 21, 1963
7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8. PLACE OF DEATH (Specify only one type of institution) <input type="checkbox"/> Hospital <input checked="" type="checkbox"/> Assisted Living <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____			
9a. HAS DECEDENT BEEN A U.S. VETERAN? No	9b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A	10. CITY, TOWN OR LOCATION OF DEATH Hammond		
11. COUNTY OF DEATH Lake		12. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital		
13a. MARITAL STATUS (Specify) Married	13b. SURVIVING SPOUSE (Print name, give maiden name) Darron Harrison	13c. DECEASED'S USUAL OCCUPATION (Give kind of work they do for most of working life. Do not use railroad) Title Agent	13d. KIND OF BUSINESS/INDUSTRY Title Insurance	
14. RESIDENCE—STATE Illinois	15. COUNTY Cook	16. CITY, TOWN OR LOCATION Lansing	17. STREET AND NUMBER 17061 Waterford Dr.	
18. ZIP CODE 60438	19. US POSTAL OFFICE (City, State, ZIP) Chicago, IL 60638	20. COUNTRY OF WHAT COUNTRY USA	21. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Specify Cuban, Mexican, Puerto Rican, etc.)	22. RACE—American Indian, Alaska Native, etc. (Specify) Black
23. DECEASED'S EDUCATION (Specify only highest grade completed) High School		24. DECEASED'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)		
25. DECEASED'S NAME (Print, Middle, Last) Dempsey Tyler		26. MOTHER'S NAME (Print, Middle, Last) Rosie M. Sims		
27. DECEASED'S NAME (Print) Darron Harrison		28. ADDRESS (Street and Number or Rural Route Number, City or Town, State) 17061 Waterford Dr. Lansing, IL	29. Relationship Husband	
30a. MANNER OF DEPOSITION <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Other (Specify) _____		30b. DATE AND PLACE OF DEPOSITION (State of country, cemetery, or other) July 6, 2007 Calumet Park Cemetery		30c. LOCATION—City or Town, State Calumet Park, IL
31. FUNERAL HOME NAME Samuel Smith, Jr.		32. FUNERAL HOME LICENSE NO. FDE01019692	33. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
34. SIGNATURE OF FUNERAL DIRECTOR <i>Samuel Smith, Jr.</i>		35. LICENSE / NUMBER FDE01019692	36. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Divinity Funeral Home FH8300157 3820 Pulaski St. E.C., IN 46312	
37. CAUSE OF DEATH (Print) Breast Cancer Approximate Interval Between Onset and Death				
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