

# UNOFFICIAL COPY

**DELIVER TO:**

ANNE CHESTNEY MUDD  
ATTORNEY AT LAW  
3958 HAMPTON AVENUE  
WESTERN SPRINGS, IL 60558



Doc#: 1104548013 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/14/2011 04:24 PM Pg: 1 of 3

**MAIL TAX BILLS TO:**

PAULINE J. DANIELS  
8738 S. MERRILL AVENUE  
CHICAGO, IL 60617

### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
                                  ) SS

COUNTY OF COOK        )

PAULINE DANIELS, being duly sworn, states as follows:

That she resides at 8738 S. Merrill Avenue, Chicago, Illinois 60617.

That she was acquainted with WILLIAM EUGENE DANIELS, III, deceased, who, at the time of his death, was one of the owners in joint tenancy of the land in Cook County, Illinois, described as:

LOT 32 IN BLOCK 2 IN SOUTH SHORE GARDENS, A SUBDIVISION OF PART OF THE  
NORTHEAST 1/4 OF SECTION 1, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD  
PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

PERMANENT REAL ESTATE INDEX NUMBER: 25-01-202-034  
ADDRESS OF REAL ESTATE: 8738 S. MERRILL AVENUE, CHICAGO, IL 60617

That the deceased died on June 16, 2009, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:


- Leaving no Last Will and Testament
- Leaving a Last Will and 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 Cook County, Illinois.
- Leaving a Last Will and 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 \$13,000.


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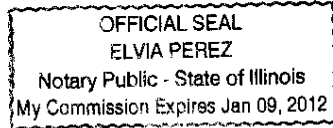
Affiant makes this affidavit for the purpose of providing a clear chain of title and inducing a Title Insurance Company to issue a title insurance policy on the above mentioned real property upon sale of said property, describing the above mentioned real property.

Dated 2-8, 2011

  
\_\_\_\_\_  
PAULINE DANIELS, Affiant

Subscribed and sworn before me by the said Affiant this 8th day of February, 2011.

  
\_\_\_\_\_  
Notary Public



This document was prepared by:

Anne Chestney Mudd  
Attorney at Law  
3958 Hampton Avenue  
Western Springs, IL 60558  
Phone: 708-246-8739  
Phone: 630-399-8739  
Fax: 630-589-0628

Property of Cook County Clerk's Office

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 2405-09

State No. ....

1. Decedent's Legal Name (First, Middle, Last) <b>William Eugene Daniels III</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>	3. Time Of Death <b>10:44 AM</b>	4. Date Of Death (Month/Day/Year) <b>June 16, 2009</b>	
5. Social Security Number <b>7337</b>		6a. Age - Yrs <b>59</b>	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>June 11, 1950</b>		8. Birthplace (City And State Or Foreign Country) <b>Moultrie, GA</b>
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home / Long Time Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) <b>St. Margaret Mercy Hospital</b>									
12. City Or Town, State, And Zip Code <b>Hammond, IN 46320</b>					13. County of Death <b>Lake</b>		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>Pauline</b>			15a. (If Wife) Give Maiden Last Name <b>James</b>		16. Decedent's Usual Occupation <b>Plummer</b>		17. Kind Of Business/Industry <b>Chicago Park District</b>		
18. Residence - State <b>IL</b>		18a. County <b>Cook</b>		18b. City Or Town <b>Chicago</b>					
18f. Street And Number <b>8738 S. Merrill Ave.</b>				18d. Apt. No.	18e. Zip Code <b>60617</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>12 + 4</b>			20. Decedent Of Hispanic Origin <b>No</b>		21. Decedent's Race <b>Black</b>				
22. Father's Name (First, Middle, Last) <b>William Daniels Sr.</b>				23. Mother's Name (First, Middle, Last) <b>Rosa Lee Daniels</b>			23a. Mother's Maiden Last Name <b>Warf</b>		
24. Informant's Name <b>Andrew Leak</b>		24a. Relationship To Decedent <b>Records</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>7838 S. Cottage Grove Chicago, IL 60619</b>					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>St. James Pallbearers #2</b>			25c. Location - City, Town, And State <b>Moultrie, GA</b>			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Burns-Kish Funeral Home 5840 Hohman Ave Hammond, IN 46320 (for Leak and Sons Funeral Chicago, IL signature only)</b>					27a. Funeral Home License Number: <b>3002819</b>		
27b. Signature Of Indiana Funeral Service Licensee: <i>Brian T. Burns</i>						27c. License Number (Of Licensee): <b>8991763</b>			
<b>Cause Of Death (See Instructions And Examples)</b>									
28. Part I. Enter The Chain Of Events—Diseases, Injuries Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Acute myocardial infarction</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____								Approximate Interval: Onset To Death <b>Unknown</b>	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death: <i>Jeffrey R. Wells</i>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Jeffrey R. Wells Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>						44. License Number <b>N/A</b>		45. Date Certified <b>July 10, 2009</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature Of Local Health Officer: <i>Susan J. Best</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>July 10, 2009</b>			