

**UNOFFICIAL COPY**  
**DECEASED JOINT TENANCY AFFIDAVIT**



State of Illinois )  
 ) SS.  
 County of Cook )

Doc#: 1110919016 Fee: \$68.25  
 Eugene "Gene" Moore RHSP Fee: \$10.00  
 Cook County Recorder of Deeds  
 Date: 04/19/2011 09:54 AM Pg: 1 of 4

Mary E. Young, hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 4367 South Oakenwald Ave, Chicago, Illinois. That Affiant(s) was acquainted with Claudia Johnson, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 99 (EXCEPT THE NORTH 15 FEET THEREOF) AND ALL OF LOTS 100 AND 101 IN HIGGINS' RESUBDIVISION OF NUTT'S LAKE SHORE SUBDIVISION IN SECTION 2, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COMMON ADDRESS: 4367 SOUTH OAKENWALD AVENUE, CHICAGO, ILLINOIS

APN: 20-02-401-019-0000

That the Deceased died on October 4, 2005, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$295,750.00.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me  
 this 25 day of March 2011.

*Julie A Peterson*  
 Notary Public

*Mary E Young*  
 MARY E. YOUNG

S     
 P     
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**Record & Return to:**

Mortgage Information Services, Inc  
4877 Galaxy Parkway, Suite I  
Cleveland, OH 44128

**Prepared By:**

Mary E. Young  
4367 South Oakenwald Avenue  
Chicago, IL 60653

**M.I.S. #1149712**

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SPACE ABOVE THIS LINE FOR RECORDER'S USE

DECEASED JOINT TENANCY AFFIDAVIT

Property of Cook County Clerk's Office

STATE OF ILLINOIS  
**UNOFFICIAL COPY**  
STATE FILE NUMBER

Count # 1149712

REGISTRATION DISTRICT NO. <b>16-10</b>	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>		<b>611088</b>
DECEASED-NAME FIRST MIDDLE LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
<b>1. CLAUDIA H JOHNSON</b>	<b>2. FEMALE</b>	<b>3. OCTOBER 4, 2005</b>	
COUNTY OF DEATH	AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
<b>4. COOK</b>	<b>5a. 91</b>	<b>5b. 1</b>	<b>5c. September 24, 1914</b>
CITY, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE I.D.A. OR I.D.B. OR I.D.C. (IF APPLICABLE)
<b>6a. CHICAGO</b>	<b>6b. MERCY HOSPITAL AND MEDICAL CENTER</b>		<b>6c. INPATIENT</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MARRIED NAME, IF WIFE)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
<b>7. Montgomery, AL</b>	<b>8a. Widowed</b>	<b>8b.</b>	<b>9. No</b>
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY; HIGHEST GRADE COMPLETED)
<b>10. [REDACTED]</b>	<b>11a. Seamstress</b>	<b>11b. Factory</b>	<b>12. 6</b>
RESIDENCE (STREET AND NUMBER)	CITY, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY
<b>13a. 4359 S. Oakwald Ave.</b>	<b>13b. Chicago</b>	<b>13c. Yes</b>	<b>13d. Cook</b>
STATE	ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
<b>13e. Illinois</b>	<b>13f. 60653</b>	<b>14a. Afro-American</b>	<b>14b. NO</b>
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE (MARRIED) LAST		
<b>15. Joseph Colvin</b>	<b>16. Henrietta Anderson</b>		
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MEDICAL RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
<b>17a. MARY JURISIC</b>	<b>17b. RECORDS</b>	<b>17c. 2525 E MICHIGAN AVE., CHICAGO, IL 60616</b>	
<b>18. PART I.</b> Enter the disease or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Only one cause on each line.			
Immediate Cause (Final disease or condition resulting in death)	Cause or Consequence		Attribution (IMMEDIATE, INTERMEDIATE, REMOTE)
<b>(a) ACUTE MYOCARDIAL INFARCTION</b>	<b>(b) CORONARY ARTERY DISEASE</b>		<b>IMMEDIATE</b>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
<b>PART II.</b> Other significant conditions contributing to death but not resulting in the underlying cause. (PART I)			
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
<b>20a.</b>	<b>20b.</b>	<b>20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>	
(10) (10) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON	CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH	
<b>21a. OCTOBER 4, 2005</b>	<b>21b. NO</b>	<b>21c. 7:15 A.M.</b>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			
SIGNATURE	DATE SIGNED	ILLINOIS LICENSE NUMBER	
<b>22a. James P. Fairbairn MD</b>	<b>22b. 10/4/05</b>	<b>22c. 03-061987</b>	
NAME AND ADDRESS OF CERTIFIER	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	NO. IF AN HUSBAND WAS INVOLVED IN THE DEATH IN THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
<b>22d. James P. Fairbairn MD 634 W. 95th St, Oak Brook, IL 60450</b>			
BURIAL CREMATION REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)
<b>24a. Burial</b>	<b>24b. Cedar Park Cemetery</b>	<b>24c. Calumet Pk., IL.</b>	<b>24d. 10/8/05</b>
FUNERAL HOME	NAME	STREET AND NUMBER OR R.F.D.	CITY OR TOWN STATE ZIP
<b>25a. Christian Brov. Funeral Homes</b>	<b>8243 S. Ashland Ave., Chgo., IL 60620</b>		
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
<b>25b. [Signature]</b>	<b>25c. 034-015289</b>		
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
<b>26a. [Signature]</b>	<b>26b. OCT 7, 2005</b>		

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO  
**OCT 7 2005**

JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

**John L. Wilhelm, MD**  
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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Fidelity National Title Insurance Company

AGENT TITLE NO.: 200001149712

## LEGAL DESCRIPTION

### EXHIBIT "A"

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS IN DOCUMENT NUMBER 96388441 AND IS DESCRIBED AS FOLLOWS

LOT 99 (EXCEPT THE NORTH 15 FEET THEREOF) AND ALL OF LOTS 100 AND 101 IN HIGGINS' RESUBDIVISION OF NUTT'S LAKE SHORE SUBDIVISION IN SECTION 2, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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