

# UNOFFICIAL COPY

## FIDELITY NATIONAL TITLE INSURANCE COMPANY

### DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number:

County of

Cook

Darron Harrison,

being duly sworn states that he/she resides at

17061 Waterford South Holland

That he/she was acquainted with he, 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 6/30/07 as evidenced by a copy of the death certificate of said deceased attached hereto.

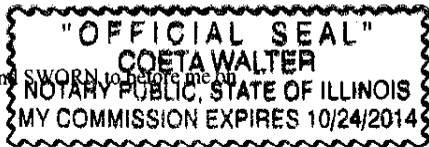
That the deceased:

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 Cook County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 \$



SUBSCRIBED and SWORN to before me on

*[Signature]*

*[Signature]*

(SEAL)



1115846031

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© By FNTIC 2010

Doc#: 1115846031 Fee: \$64.25  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 06/07/2011 09:47 AM Pg: 1 of 3

FID

Fidelity  
262  
12015382

BOX 15

S  
P  
S  
SC  
INT

38

FIDELITY NATIONAL TITLE INSURANCE COMPANY

UNOFFICIAL COPY



ORDER NUMBER: 2010 012015382 OCF  
STREET ADDRESS: 5418 ABERDEEN

CITY: CHICAGO COUNTY: COOK COUNTY  
TAX NUMBER: 20-08-424-018-0000

LEGAL DESCRIPTION:

THE SOUTH 4 FEET OF LOT 29 AND ALL OF LOT 30 IN BLOCK 6 IN THE SUBDIVISION OF BLOCKS 5 AND 6 IN F. GAYLORD'S SUBDIVISION OF THE SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 8, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

-21-2 15:25

F. R. RYNER AND SONS

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH OR FILE WITH THE HAMMOND HEALTH DEPARTMENT.

July 11, 2007  
Date Issued

*[Signature]*  
Hammond Health Commissioner

INDIAN STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

PRINT  
NEXT  
LINK

1. DECEASED—NAME (First, Middle, Last) <b>Brenda Harrison</b>		2. SEX <b>Female</b>	3a. TIME OF DEATH <b>12:45P</b>	3b. DATE OF DEATH (Month, Day, Year) <b>June 30, 2007</b>
4. SOCIAL SECURITY NUMBER <b>148-66-3813</b>	5a. AGE—Last Birthday (Years) <b>43</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Oct. 21, 1963</b>
7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL</b>				
8a. WAS DECEDENT U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	9. PLACE OF DEATH (Check only one. See instructions) <b>HOSPITAL</b> <input checked="" type="checkbox"/> <b>Residence</b> <input type="checkbox"/> <input type="checkbox"/> <b>Other (Specify)</b>		10. COUNTY OF DEATH <b>Lake</b>
11. SURVIVING SPOUSE (Specify) <b>Darron Harrison</b>		12. OCCIDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not list retired?) <b>Title Agent</b>		13. KIND OF BUSINESS/INDUSTRY <b>Title Insurance</b>
14. CITY, TOWN, OR LOCATION OF DEATH <b>Hammond</b>		15. STREET AND NUMBER <b>17061 Waterford Dr.</b>		
16. DECEASED'S STATE <b>Illinois</b>		17. COUNTY <b>Cook</b>		18. CITY, TOWN, OR LOCATION <b>Lansing</b>
19. ZIP CODE <b>60438</b>		20. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21. CITIZEN OF WHAT COUNTRY? <b>USA</b>
22. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		23. RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>		24. DECEASED'S EDUCATION (Specify only highest grade completed) <b>College (1-4 or 5*)</b> <b>1</b>
25. FATHER'S NAME (First, Middle, Last) <b>Hempsey Tyler</b>		26. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Rosie M. Sims</b>		
27. INFORMANT'S NAME (Type/Print) <b>Darron Harrison</b>		28. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) <b>17061 Waterford Dr. Lansing, IL</b>		29. Relationship <b>Husband</b>
30. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		31. DATE AND PLACE OF DISPOSITION (Name of cemetery, or other place) <b>July 6, 2007 Cedar Park Cemetery</b>		32. LOCATION—City or Town, State <b>Calumet Park, IL</b>
33. EMBALMERS NAME <b>Samuel Smith, Jr.</b>		34. EMBALMERS LICENSE NO. <b>ICE01019692</b>		35. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
36. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		37. LICENSE NUMBER (of License) <b>ICE01019692</b>		38. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Divinity Funeral Home PH8300157 3820 Pulaski St. E.C., IN 46312</b>
39. PART I: Enter the disease, injuries, or complications that caused the death. Do not omit, nor omit terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one condition each line. <b>Breast Cancer</b>				
39a. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Breast Cancer</b>				
39b. CONDITION, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE				
39c. DUE TO (OR AS A CONSEQUENCE OF)				
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I				
40. WAS DECEDENT PREGNANT OR 30 DAYS POSTPARTUM? (Yes or no) <b>No</b>		41. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		42. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
43. CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> <b>HEALTH OFFICER</b> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> <b>CORONER</b> On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.				
44. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		45. MEDICAL LICENSE NO. <b>01052692</b>		46. DATE SIGNED (Month, Day, Year) <b>7/9/07</b>
47. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Print Name) <b>Dr. B. Camargo 5454 Hohman Hammond IN 46320</b>				
48. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				49. DATE FILED (Month, Day, Year) <b>July 11, 2007</b>
50. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicidal		51. DATE OF INJURY (Month, Day, Year)	52. TIME OF INJURY	53. INJURY AT WORK? (Yes or no)
54. PLACE OF INJURY—At home, farm, street, factory, office, training, etc. (Specify)		55. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
56. DATE PRONOUNCED DEAD (Month, Day, Year)		57. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		