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3P

FIDELITY NATIONAL TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number: 12015820

County of Cook

Derron Harrison,

being duly sworn states that he/she resides at

17061 Waterford, Lansing, IL 60438

That he/she was acquainted with

Brenda Harrison,

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 Exhibit A Attached.

(See Attached Legal Description Rider)

That the deceased died on 12/30/07 as evidenced by a [redacted] 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 12/30/11 in Cook County, Illinois
COETA WALTER
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 10/24/2014

(SEAL)

Notary Public

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prepared by MARJorie Foltner
AND mail to:
5628 Dorer Circle
Frankfort, IL 60423



Doc#: 1116746044 Fee: \$64.25
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/16/2011 12:15 PM Pg: 1 of 3

12015820 Fidelity

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ORDER NUMBER: 2010 012015820 OCF
STREET ADDRESS: 6815 S. MAY

CITY: CHICAGO COUNTY: COOK COUNTY
TAX NUMBER: 20-20-409-007-0000

LEGAL DESCRIPTION:

LOT 42 IN BLOCK 6 IN LEE'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 20,
TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

Property of Cook County Clerk's Office

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ESTABLISHED BY THE Social Security # is created by the state agency in order to determine statutory responsibility. Disclosure is required and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

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

July 11, 2007
Date Issued
Hammond Health Commissioner

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

PRINT
INK

1. DECEASED—NAME (First, Middle, Last) Brenda Harrison		3. SEX Female	5a. TIME OF DEATH 12:45P	5b. DATE OF DEATH (Month, Day, Year) June 30, 2007	
4. SOCIAL SECURITY NUMBER 148-66-3813	5a. AGE—Last Birthday (Years) 43	5b. UNDER 1 YEAR Months Days	6. DATE OF BIRTH (Mo, Day, Yr) Oct. 21, 1963	7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	
8a. WAS DECEASENT U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Hammond OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Etc./Quarters <input type="checkbox"/> DOA <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS Married	11. SURVIVING SPOUSE (If wife, give maiden name) Darron Harrison	12a. DECEASENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired?) Title Agent	12b. KIND OF BUSINESS/INDUSTRY Title Insurance		
13a. RESIDENCE—STATE Illinois	13b. COUNTY Cook	13c. CITY, TOWN, OR LOCATION Lansing	13d. STREET AND NUMBER 17061 Waterford Dr.		
14a. ZIP CODE (1. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes) 60438	14b. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASENT OF HISPANIC ORIGIN? (Specify) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (of yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) Black	17. DECEASENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 1	
18. FATHER'S NAME (First, Middle, Last) Pemsey Tyler		19. MOTHER'S NAME (First, Middle, Maiden Surname) Rosie M. Sims			
20a. INFORMANT'S NAME (Type/Print) Darron Harrison		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 17061 Waterford Dr. Lansing, IL	20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 6, 2007 Cedar Park Cemetery		21c. LOCATION—City or Town, State Calumet Park, IL	
22a. EMBALMER'S NAME Samuel Smith, Jr.		22b. EMBALMER'S LICENSE NO. (of License) FDE01019692	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Samuel Smith, Jr.</i>		24b. LICENSE NUMBER (of License) FDE01019692	24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Divinity Funeral Home FH8300157 3820 Pulaski St. E.C., IN 46312		
25. PART I. Enter the disease, injuries, or complications that caused the death. Do not use lay or medical terms, such as cardiac or respiratory arrest, shock, or heart failure. Use only one condition on each line. Breast Cancer					
25a. DATE CAUSE (Final disease condition result of death) _____ DUE TO (OR AS A CONSEQUENCE OF) _____					
25b. Conditions, if any, which gave rise to the immediate cause, stating the underlying disease if _____ DUE TO (OR AS A CONSEQUENCE OF) _____					
25c. _____ DUE TO (OR AS A CONSEQUENCE OF) _____					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEASENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28. WAS AN AUTOPEY PERFORMED? (Yes or no) No		29. WERE AUTOPEY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) NO	
29a. CERTIFIER (City only) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN 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"/> HEALTH OFFICER 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"/> CORONER 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) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			
29c. MEDICAL LICENSE NO. 01052692		29d. DATE SIGNED (Month, Day, Year) 7/9/07			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Print Name) Dr. B. Bamegata 5434 Johnson Hammond IN 46320					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) July 11, 2007	
33. 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"/> Suicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—(A) home, farm, street, factory, office, skating, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
35a. DATE ANNOUNCED DEAD (Month, Day, Year)		35b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			