

UNOFFICIAL COPY

Return/Mail To: NCS
5814 Lonetree Blvd.
Rocklin, CA 95765



Doc#: 1122046012 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/08/2011 12:26 PM Pg: 1 of 3

888-958-8060
After Recording Return to:

PREMIER REVERSE CLOSINGS
ATTN: KRYSTAL LILLY
5828 LONETREE BLVD
ROCKLIN, CA 95765

Prepared by:

Frank P. Dec, Esq.
American National Abstract, LLC
8940 Main Street
Clarence, NY 14031
(716) 634-3405
2301-47700
Assessor's Property Tax Parcel/Account Number:
20-28-115-011-0000

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS } SS.
COUNTY OF COOK }

BEFORE ME, the undersigned Notary Public, personally appeared JANET F. HILL, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon her oath and affirmation, the following:

1. My Name is JANET F. HILL and I reside at 7341 SOUTH UNION AVENUE, CHICAGO, IL 60621.
2. I owned real property as a joint tenant with NANCY L. MCCAULEY, who, at the time of her demise, was one of the owners of such real property located in COOK County, State of Illinois, described as follows:

THE LAND DESCRIBED HEREIN IS SITUATED IN THE STATE OF ILLINOIS, COUNTY OF COOK, AND IS DESCRIBED AS FOLLOWS:

LOT 20 IN BLOCK 3 IN B.W. WOOD'S NORMAL PARK SUBDIVISION OF THE SOUTH WEST QUARTER OF THE NORTH WEST QUARTER OF SECTION 28, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT RAILROAD) IN COOK COUNTY, ILLINOIS

Property ID: 20-28-115-011-0000
Property Address: 7341 SOUTH UNION AVENUE, CHICAGO, IL 60621
The legal description was obtained from a previously recorded instrument.

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- 3. NANCY L. MCCAULEY, my joint tenant departed this life on August 7, 1999 as evidenced by a certified copy of the death certificate of the deceased attached hereto.
- 4. That the deceased died (you must make a choice)
 - Leaving no Last Will & Testament
 - Leaving a Last Will & Testament a copy of which is attached hereto.
 - Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of Circuit Court of COOK County, Illinois, on or about _____, 200__

That the TOTAL VALUE of the estate of the deceased, including both real and person 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 _____ Dollars (\$ _____).

- 5. Affiant is the sole surviving joint tenant of the property described herein.

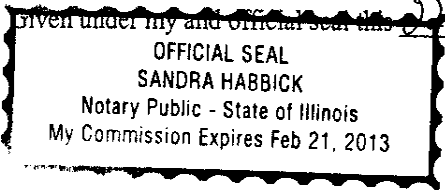
Dated this 22nd day of July, 2011.

Janet F. Hill by Jacquelyn West Albany in fact
 JANET F. HILL

STATE OF ILLINOIS)
 COUNTY OF COOK)

I, Sandra Habbick a Notary Public in and for said County and State aforesaid, DO HEREBY CERTIFY that JANET F. HILL, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this 22nd day of July, 2011.



Sandra Habbick
 Notary Public
 My commission expires: 2/21/13

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE FILE NUMBER

613295

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 9 1999

SHEILA LYNE, RSM, 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 LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST Nancy Louise Mc. Cauley	SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 3. August 2, 1999
1. COUNTY OF DEATH Cook	UNDER 1 DAY HOURS MIN. 89	DATE OF BIRTH (MONTH, DAY, YEAR) April 10, 1999
2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Bernard Hospital	IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) D.O.A.
3. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Mississippi	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed	IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No
4. SOCIAL SECURITY NUMBER 5814	USUAL OCCUPATION Homemaker	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary (1-4 or 5-7) 8 Secondary (8-12) 8 College (1-4 or 5-7)
5. RESIDENCE (STREET AND NUMBER) 7341 S. Union Street 2nd Fl Chicago	CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago	COUNTY Cook
6. STATE Illinois	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) Black	INSIDE CITY (YES/NO) Yes
7. FATHER-NAME FIRST MIDDLE LAST Clifton Allmon	14a. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: MOTHER-NAME FIRST MIDDLE LAST Mary Johnson	13c. Yes
8. INFORMANT'S NAME (TYPE OR PRINT) Janet Hill	16. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17341 S. Union Chicago, IL 60621	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9. IMMEDIATE CAUSE (Final disease or condition resulting in death) Myocardial Infarction	17. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Dementia	
10. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Consequence of Coronary Vase. Accident	18. PART I. (a) DUE TO, OR AS A CONSEQUENCE OF (b) Consequence of Coronary Vase. Accident (c) DUE TO, OR AS A CONSEQUENCE OF	
11. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
12. DATE OF OPERATION, IF ANY None	19a. AUTOPSY (YES/NO) No	19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) No
13. DID (YOU) NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON None	20b. MAJOR FINDINGS OF OPERATION None	20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? No
14. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND AS TO THE CAUSE(S) STATED. None	21a. DATE SIGNED (MONTH, DAY, YEAR) 11-50AM 8/2/99	21c. ILLINOIS LICENSE NUMBER 30-55541
15. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) John Kelsey, MD	22. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT) S. Kelsey	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
16. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	24a. CEMETERY OR CREMATORY-NAME Restvale	
17. FUNERAL HOME Gibson	24b. NAME Gibson	
18. FUNERAL DIRECTOR'S SIGNATURE Sheila Lyne	24c. LOCATION CITY OR TOWN STATE Worth Township Chicago, Illinois	
19. LOCAL REGISTRAR'S SIGNATURE Sheila Lyne	24d. DATE (MONTH, DAY, YEAR) 08/07/1999	
20. FUNERAL DIRECTOR'S SIGNATURE Sheila Lyne	25a. Haisted Memorial Chapels 2035 E. 79th Street Chicago, Illinois 60649	
21. LOCAL REGISTRAR'S SIGNATURE Sheila Lyne	25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031-007057	
22. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 9 1999	25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 9 1999	