UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1122747003 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee: \$10.00 Cook County Recorder of Deeds

Date: 08/15/2011 10:39 AM Pg: 1 of 2

State of Illinois)	
)	SS
County of Cook	· O _A)	

EPISE DIANE ROGERS-HOLDA, being duly sworn states that she resides at 587 E. 89TH Place, City of Chicago, State of Illinois.

That she was acquainted with MELBA DAVIS ROGERS BRIGHT, who was her mother. She and MELBA DAVIS ROGERS BRIGHT were the owners of the land in Cook County, Illinois legally described to wit as:

SEE ATTACHED LEGAL DESCRIPTION

Property Index Number: 25-03-221-020-0000

That the deceased MELBA DAVIS ROGERS BRIGHT ded on <u>FEBRUARY 6, 2011</u>, as evidenced by a certified copy of death certificate of the deceased attached hereto

That the value of he 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 \$100,000 dollars.

Affiant makes this affidavit for that purpose of inducing any persons or entity to issue a Title Insurance Policy for the above mentioned property.

ERISE DIANE ROGERS-HOLDA, Daughter of the deceased party.

State of Illinois, County of Cook S.S.

I, the undersigned, a Notary Public in and for said County, it the aforesaid State DO HEREBY CERTIFY that EPISE DIANE ROGERS-HOLDA, 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 acknowledge that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this day of "OFFICIAL SEAL"

Deadra Woods Stokes

Notary Public, State of Illinois
My Commission Expires 5/26/2014

This instrument was prepared by:

DEADRA WOODS STOKES & ASSOCIATES, P.C.

4747 Lincoln Mall Drive, Suite 410, Matteson, Illinois 60443

SEND TAX & MAIL TO:

EPISE DIANE ROGERS-HOLDA, 587 E. 89th Place, Chicago, Illinois 60619

CITY OF EVANSTON

EVANSTON, ILLINOIS MEDICAL CERTIFICATE OF DEATH

<u> </u>	11666		·						ATE ISSUED 03/24/20
MELBA BRIGHT							SEX FEMALE	FEBRUA	ATH IRY 06, 2011
COUNTY OF DEATH			AST BIRTHDAY			DATE OF B	ІКТН BER 18, 192	2	
CITY OR TOWN EVANSTON		*.		HOSPITAL OR O			NAME		
PLACE OF DEATH INPATIENT									
BIRTHPLACE	SOCIAL SECUR			ATUS AT TIME OF D	EATH	SURVIVING	SPOUSE'S NAM	1E	EVER IN U.S. ARMED
LITTLE ROCK, AR	348-12-74	105	WIDOWE				1		FORCES? NO
9510 S CONSTANC			APT. 40		CHICA	-			INSIDE CITY LIMITS? YES
1 '	ATE ZIP COD 60614		THER'S NAME JOHN L DAVI	ıs		·	MOTHER'S N. EPISE H	AME PRIOR TO F IILL	IRST MARRIAGE
INFORMANT'S NAME EPISE DIANE HOLDA	100.		ATIONSHIP DAUGHTER			NG ADDRE		ICAGO, IL, 6	0619
METHOD OF DISPOSITION BURIAL		JE OF DISPO J'RP. OAK				TION - CIT SIP, IL	Y OR TOWN ANI		E OF DISPOSITION BRUARY 19, 2011
FUNERAL HOME W. JONES - O'BEE FUNE	ERAL SERVICE	, 7605 S	HALSTED	ST, CHICAGO	, IL, 600	620			
							S LICENSE NUMBER		
LOCAL REGISTRAR'S NAME EVONDA THOMAS DATE FILED WITH					TH LOCAL REGINERY 15, 2011	STRAR			
	INTRACEREB	RAL HEMO	RRHAGE					岳 王	
MMEDIATE CAUSE (Final disease or condition	a. 		Due to	or as a Unsequence of)				AATE TWE	DAYS
resulting in death)	b.		Due to (or as a Cynsequence of)				PROX® WAL BE FAND	
	c.		Due to (or as a consequence of)	Dx			APE INTER\	<u> </u>
	<u>:</u>				J				
PART II. Enter other significant con	ditions contribution	a to doeth b	<u> </u>	or as a consequence of)		DAD	T		NO
EXIT II. EIRO OUIDI SIGNICANI CON	unuons comanuum	g to death .	ar nor resulting in	i tile directiying caus	. giveii iii	IFART	\bigcirc . \vdash		PERFORMED? NO NDINGS USED TO
DID TOBACCO USE CONTRIBUTE	TO DEATHS I	CEMAL'E DE	REGNANCY STAT	TI 10				MPLETE CAUSE	OF DEATH? N/A
DID TOBACCO OSE CONTRIBUTE	TOBERITA		PLICABLE					ATURAL	'
DATE OF INJURY		TIME OF IN	JURY	PLACE OF INJUR	t Y			O _x	INJURY AT WORK?
LOCATION OF INJURY	······································								
DESCRIBE HOW INJURY OCCURR	ED:							IF TRANSP	TT, TION INJURY, SPECIFY
ATTEND THE DECEASED? YES	DATE LAST SEEN A		WAS MEDICAL CORONER CO	EXAMINER OR NTACTED? NO		DATE P	RONOUNCED		TIME OF DEATH 03:30 AM

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

036-057124

of CO. IL

BRUCE HYMANSON MD, 5701 N ASHLAND AVE-SUITE 201, CHICAGO, ILLINOIS, 60660

Evonda Thomas, Local Registrar Department of Health Evanston, Illinois

