## **UNOFFICIAL COPY**

## DECEASED JOINT TENANCY AFFIDAVIT

Given under my hand and official seal, this day of

NOTARY PUBLIC



Doc#: 1124347000 Fee: \$38.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 08/31/2011 09:04 AM Pg: 1 of 2

State of Illinois ) ss.	
County of Cook )	
<b>DEBORAH CLAYTON</b> , being duly sworn state Cook, State of Illinois.	s that she resides at 1752 W. 96 <sup>th</sup> Street, City of Chicago, County of
<u> </u>	NNINGHAM, who was her father. They he and her mother, DESSA d in Cook County, Illinois legally described to wit as:
HITT'S SUBDIVISION OF THE SOUTH E	SION OF THE WEST 137.50 FEET OF BLOCK TEN (10) IN 457 (S.E.) ONE QUARTER (1/4) OF SECTION EIGHT (8), OPRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
That the deceased EDWARD D. CUNNINGHAM certificate of the deceased attached hereto	I died on <u>Fel ruary 3, 2006</u> , as evidenced by a certified copy of death
That neither decedent died: LEAVING NO WIL	L & TESTAMENΓ.
	uding both real and personal property owned by the deceased either leath of the deceased, does not exceed the sum of \$100,000 dollars.
Affiant makes this affidavit for that purpose of in above mentioned property.	ducing any persons or entity to issue a Title Insurance Policy for the
DEBORAH CLAYTON, daughter of the deceased	d party.
HEREBY same pers	ersigned, a Notary Public in and for said County, in the aforesaid State DO CERTIFY that <b>DEBORAH CLAYTON</b> , personally known to me to be the son whose name is subscribed to the foregoing instrument, appeared before any in person, and acknowledge that she signed, sealed and delivered the said

This instrument was prepared by DEADRA WOODS STOKES, ESQ., 4747 Lincoln Mall Dr., Suite 410, Matteson, IL 60443

including the release and waiver of the right of homestead.

instrument as her free and voluntary act, for the uses and purposes therein set forth,

"OFFICIAL SEAL"
Deadra Woods Stokes
Notary Public, State of Illinois

My Commission Expires 5/26/2014

SEND TAX & MAIL TO: Deadra Woods Stokes, Esq., 4747 Lincoln Mall Dr., Suite 410, Matteson, IL 60443

FERKOAKT 3, 2000

STATE OF ILLINOIS) County of Cook)

## UNOFFICIAL COPY

, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

						COUN	TY CLERK			
•		-						STATE FILE		
DECEDENT'S BIRTH NO.	REGISTRATION 46 0	STATE OF ILLINOIS STATE PILE NUMBER								
DECEDENT 2 BILLIUMO	REGISTRATION 16.0	1				or DE/	TH			
	DISTRICT NO.	MEDI	CAL CE	RTIFIC	CATE	OF DEA	A I FI			
	REGISTERED	1415	<u> </u>						4.53	
	NUMBER	<u>l</u>		LAST		SEX	DATE OF DEATH	(MONTH, DAY, YE		
·	DECEASEN-N IME	FIRST	MIDDLE			2 Male	3 Febru	uary 3, 2	.006	
Type or Print in PERMANENT INK		dward	·D	Cunnin	gham		BIRTH (MONTH, DAY.	YEAR)		
Con Funeral Directors.	1.	AC		UNDER 1 YEAR	UNDER 1	MIN. DATEOF				
Hospital, or Physicians	COUNTY OF DE ATH	B1	ATHDAY (YRS)	MOS. DAYS	5-2	Sd .	June 24,	1925		
Handbook for INSTRUCTIONS	4 Cook	5	a. 80 19 OSPITAL OR OTHE	5b.	NAME (IENOTI)	EITHER, GIVE STRE	ET AND NUMBER)	IF HOSP, OR INST, I OP/EMER, RM, INPA	INDICATE D.U.A. ATIENT (SPECIFY)	
MSINGCHONS	CITY, TOWN, TWP, ORF OAT DISTR	IICT NUMBER H	OSPITALOHOIN		1.	sal Con	tor	6c. Inpat	tient <u></u>	
	/ X		b. Advoca	ate Chri	st Mea	ical Cen	IF WIFE)	WASIN	FCFASED EVERINUS	
Δ	6a. Oak Lawn		MADDIED	NAME OF SUR	VIVING SPOU	SE (MAIDEN NAME,	(FAAICE)	1	Yes/NO)	
7, , , , , , , , , , , , , , , , , , ,	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	IWIDOWED.DIYUH	CED (SPECIFY)	ab Dess	sa.	Saulsby				
DECEASED	7 Beatrice AL	da. Marrie	<u></u> -	KIND OF BUSI	NESS OR INDI	JSTRY EDUC	ATION (SPECIFY ONL	Y HIGHEST GRADE CO College (1-4 or !	3MPLE(EU)	
1	SOCIAL SECURITY NUMBER	USU' LUCCUPATI	ION	INTOTIC	41 1111111111111	Element	ary/Secondary (0-12)		કે.મેર. કરવા છે. જે.	
B	, \$	11a. Mach lr	nist	Lub Hari	vester	12.	TINSIDE CITY	COUNTY		
C	-4902	Tia ri icii ii	CITY,	TOWN, TWP, O	R ROAD DIST	RICT NO.	(YES/NO)	, l		
D	RESIDENCE (STREET AND NUMBER)		)	<ul> <li></li> </ul>			13c. Yes	13d. CÓO	K ±3	
υ	132 10145 S Mor	gan	13b.		DEHISPANIC	ORIGIN? (SPECIFY	NO OR YES-IF YES, SPE	ECIFY CUBAN, MEXICA	N, PUERTO RICAN, etc.)	
E		CODE RAC	N, et ( PECIFY)	MERICAN	OLUIOI VIVIO		Land Corp.		d trice .	
WY CONT.		606/3	DIACK		14b. 🏝 NÖ	YES	SPECIFY:	(MAII	DEN) LAST	
rada	13e. Il 13f	·	LA IT	)	MOTHER-NAI	ME FIRST	MIDDLE )	,		
7 Table 1	FATHER-NAME FIRST	MIDDLE			. <u>.</u>	Elsia '	4.	Montgo	mery	
PARENTS	ollia	Cunnin	gham(		16.	CADDRESS (STE	EET AND NO, OR R.F.D	, CITY OR TOWN, STA	TE, ZIP)	
	INFORMANT'S NAME (TYPE OR PR	INTI		REFATIONSHIP				Chicago 1	r1 60643	
			·	17bW.1f€	17 <u>c.</u>	10145 S			PROXIMATE INTERVAL MEEN ONSET AND DEATH	
4	11/a. DCDOG	Cunningham  the diseases, or complete		the death, C , no	enter the mode	of dying, such as c	ardiac or respiratory	arrest, BETV	VEEN ONSET AND DEATH	
	18. PART I. Ente	er the diseases, or compli ck, or heart failure. List	Only one cause on	each line.		· A		$\wedge$		
2			0	A 18 1		D	in an	J . k		
3	Immediate Cause (Final disease or condition	(a) 21 24 is	Some for	Leville	ZW.	Nemo	OCALLY OF	30 1	line	
	resulting in death)	DUETO, OR SACO	NSEQUENCE OF	(		$\omega$	spent use of	3324 No. 13	F	
		0001	n ,2	`	9 C	Y / -	<u> </u>			
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(p) 10 + CC	2 CALANDE DE							
	MARGDIATE CAUSE (a)	DUETO, ORAS ACC	NSEQUENCE OF	١	· /		(1A)			
- CAUSE	STATING THE UNDERLYING	WAX DIL	elien t	<u>munus</u>	<u>~3_1</u>	may to	AUTOPSY	WERE AUTOPSY I	FINDINGS AVAILABLE PRIOR T	
	CAUSE LAST.  PART II. Other significant conditions	(U) 1 state the but not r	esutting in the underlytin	g cause given in PAR	ті.	4 .	(YES/NO)	COMPLETION OF	CAUSE OF DEATH? (YES/NO)	
4	PART II. Other significant conditions	COURDOWN CO.	+ >				19a.NO	19b.		
4	1 Conchec	awy	Duna				IFFE THR	EMALE, WAS THERE A I EE MONTHS?	PREGNANCY IN PAST	
5	DATE OF OPERATION, IF ANY	MAJOR FINDIN	GS OF OPERATION	N			200		·	
N	···	20b.					O OR VET YOU	OUR OF DEATH		
P			, DAY, YEAR)			FXAMINER NO	TIFIED? (YES/I O,	0.10	Р. М.	
• • •	(I(DID) DID NOT) ATTEND THE C	ON A LO	1 - 1			leah No	14	21c. 8:10	P. M. (MONTH, DAY, YEAR)	
	AND LAST SAVE HIME TEXT	217	J06_	AND DI ACE	AND DUE TO	THE CAUSE(S) ST	ATED.	DATESIGNED	MONTH, DAT, 15AM	
*	21a. TO THE BEST OF MY KNOWLEL	OGE DEATH OCCURRI	ED AT THE TIME, D	ALE AND PLACE	Mijo Doc 14		i.	22b. 215	ـــــــــــــــــــــــــــــــــــــ	
	(	ע רע "		//~	·			ILLINOIS LICENSE	NUMBER	
	22a. SIGNATURE	TIFIER (TYPEORP	TAIL						Or Jall	
CERTIFIEF		111	5660 <u>W 9:</u>	- L / C+	Oak Lay	wn. I1.60	0453 _	22d. 076 0		
	22c. Samina Chau	idhry, MD	56 <u>60 W 9</u> 3	otly oc,	Oak Ha			NOTE: IF AN INJURY W	VAS INVOLVED IN THIS R OR MEDICAL EXAMINI	
•	NAME OF ATTENDING PHYSIC	MANIFOTHER THAN C	ERTIFIER (T	YPE OR PRINT)				DEATH THE CORUME MUST BE NOTIFIED.	H OH MEDIOAE CIO	
:	NAME OF ATTENDING THE		•			<u> </u>		DATE	(MONTH, DAY, YEAR)	
	23.	CEMETERYOR CRE	MATORY-NAME	1	LOCATION	CITYOR TOWN	STATE		·	
	BURIAL, CREMATION, REMOVAL (SPECIFY)				ous HOD	newood	Ill	24d.	<u>2-11-06</u>	
0		24b. Homewo	ood Cemet	ery		cmy of		STATE	Colonia ZIP	
CC 6	24a BULLAT FUNERAL HOME	NAME	STREE	T AND NUMBER OF			ago Il 606	528 -		
TIO DOCUTIO	ON Catling!	Chapel In	c 10133	S Halst	ed <u>St</u>	CIIICo	190 II OU	OR SILLINOIS LICENSE	ENUMBER	
DISPOSITION	25a. Gatling S	Chaper III					FUNERAL DIRECTO	NICH LOF		
	FUNERAL DIRECTOR'S SIGN	ATURE			, alternative	25 250	25c. 034-1	UDLALLY!	***	
	10010	, L. Kur	1				DATE FILED BY LO	CALIFORNIA INGN	NTH DAY KEAR)	
	25b. ► VIVIX LOCAL REGISTRAR'S SIGNA	TURE	Υ.	)	. (/)	NW	1.5	LED A 9	7000	
* .	LOCAL HEGISTRAN SSIGNA			-bind	$' \nearrow \!\! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	5 / 11	26b.		S. STANDARD CERTIFIC	
7	26a. 🕨		nois Department of	Public Health—I	Division of Vita	Records		(BASED DN 1989 U.	1.1	
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