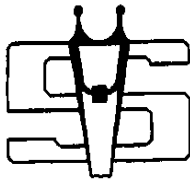


UNOFFICIAL COPY



Sanctity of Contract

Stewart Title Company of Illinois



1125026338

Doc#: 1125026338 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 09/07/2011 01:39 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STCI File Number: 632784 ^{1/3}

STATE OF ILLINOIS)
COUNTY OF Cook)

SS.

being duly sworn states that Roberta S. Tanner resides at 5231 S. Emerald Ave in the City of Chicago

That She was acquainted with Edmund T. Tanner deceased who, at the time of death, was one of the sworn of the land in Cook County, Illinois, describes as: SEE ATTACHED

That the deceased died 3-29-06, as evidenced by 1 copy of death certificate of the deceased attached hereto.

- That the deceased died: 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 _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of County, Illinois 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 _____ dollars.

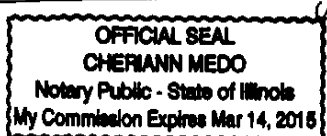
Affiant makes this affidavit for the purpose of inducing Stewart Title Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said
this 15 day of August, A.D. 19 2011

Cherian Medo
Notary Public

STEWART TITLE COMPANY
2055 West Army Trail Road, Suite 110
Addison, IL 60101
630-889-4000

Roberta S. Tanner
(Affiant's Signature)



S Y
P 3
S N
SC N
INT 1

File Number: TM299698

UNOFFICIAL COPY

LEGAL DESCRIPTION

Lot 1 in subdivision of Lots "B" and "A" in Block 3 in Samuel B. Lossee's Subdivision of the south 1/2 of the northwest 1/4 of the southwest 1/4 of Section 9, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois

Commonly known as: 5231 South Emerald
Chicago IL 60609

Pr # 20-09-309-013-0000

Prep. by d.m.T:

Robert S. Tanner
5231 S. Emerald Ave.
Chicago, IL 60609

COOK COUNTY
RECORDER OF DEEDS
SCANNED BY _____

Property of Cook County Clerk's Office

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 604927

REGISTERED NUMBER

DECEASED NAME Edmond

FIRST MIDDLE LAST T. Tanner

SEX 2 Male DATE OF BIRTH 3/30/1921

DATE OF DEATH 3/29/06

PLACE OF DEATH 83 Scene

COUNTY OF DEATH Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago

AGE LAST BIRTHDAY 82 3/30

UNDER 1 YEAR UNDER 1 DAY UNDER 1 HOUR

DATE OF BIRTH 3/30/1921

DATE OF DEATH 3/29/06

PLACE OF DEATH 83 Scene

RESIDENCE (STREET AND NUMBER) 5231 S. Emerald Ave.

CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago

STATE IL ZIP CODE 60609

RACE (PRINT IN BLOCK LETTERS) Black

DATE OF BIRTH 3/30/1921

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Welch, Ia.

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

NAME OF SURVIVING SPOUSE (MARRIAGE) Roberta Scott

EDUCATION (SCHOOL GRADUATED) High School

DATE OF BIRTH 3/30/1921

SOCIAL SECURITY NUMBER

USUAL OCCUPATION 11a Driver

EDUCATION (SCHOOL GRADUATED) High School

DATE OF BIRTH 3/30/1921

FATHER NAME FIRST MIDDLE LAST Joseph Tanner

MOTHER NAME FIRST MIDDLE LAST Angela Jones

DATE OF BIRTH 3/30/1921

17a. Roberta Tanner

17b. 17c. 5231 S. Emerald Ave. Chicago, IL.

18. PART I Immediate Cause (Final disease or condition resulting in death)

(a) Dementia, Renal failure

(b) DUE TO, OR AS A CONSEQUENCE OF

(c) DUE TO, OR AS A CONSEQUENCE OF

19a. 19b. 19c. 19d. 19e. 19f. 19g. 19h. 19i. 19j. 19k. 19l. 19m. 19n. 19o. 19p. 19q. 19r. 19s. 19t. 19u. 19v. 19w. 19x. 19y. 19z.

20a. DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

20c. 20d. 20e. 20f. 20g. 20h. 20i. 20j. 20k. 20l. 20m. 20n. 20o. 20p. 20q. 20r. 20s. 20t. 20u. 20v. 20w. 20x. 20y. 20z.

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE (NAME) DUE TO THE CAUSE(S) STATED.

21b. 21c. 21d. 21e. 21f. 21g. 21h. 21i. 21j. 21k. 21l. 21m. 21n. 21o. 21p. 21q. 21r. 21s. 21t. 21u. 21v. 21w. 21x. 21y. 21z.

22a. SIGNATURE

22b. NAME AND ADDRESS OF DEPICTOR (TYPE OR PRINT)

22c. 22d. 22e. 22f. 22g. 22h. 22i. 22j. 22k. 22l. 22m. 22n. 22o. 22p. 22q. 22r. 22s. 22t. 22u. 22v. 22w. 22x. 22y. 22z.

23. NAME OF ATENDING PHYSICIAN (OTHER THAN DEPICTOR)

23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

24a. BUTTAL CREATION

24b. BUTTAL CREATION

24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.

25. CHRISTIAN BROS. FUNERAL HOMES, 8243 S. Ashland Ave. Chicago, IL. 60620

25a. 25b. 25c. 25d. 25e. 25f. 25g. 25h. 25i. 25j. 25k. 25l. 25m. 25n. 25o. 25p. 25q. 25r. 25s. 25t. 25u. 25v. 25w. 25x. 25y. 25z.

26. LOCAL REGISTRARS SIGNATURE

26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.

27. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

27a. 27b. 27c. 27d. 27e. 27f. 27g. 27h. 27i. 27j. 27k. 27l. 27m. 27n. 27o. 27p. 27q. 27r. 27s. 27t. 27u. 27v. 27w. 27x. 27y. 27z.

28. APR 7 2006

28a. 28b. 28c. 28d. 28e. 28f. 28g. 28h. 28i. 28j. 28k. 28l. 28m. 28n. 28o. 28p. 28q. 28r. 28s. 28t. 28u. 28v. 28w. 28x. 28y. 28z.

29. APR 7 2006

29a. 29b. 29c. 29d. 29e. 29f. 29g. 29h. 29i. 29j. 29k. 29l. 29m. 29n. 29o. 29p. 29q. 29r. 29s. 29t. 29u. 29v. 29w. 29x. 29y. 29z.

30. APR 7 2006

30a. 30b. 30c. 30d. 30e. 30f. 30g. 30h. 30i. 30j. 30k. 30l. 30m. 30n. 30o. 30p. 30q. 30r. 30s. 30t. 30u. 30v. 30w. 30x. 30y. 30z.

31. APR 7 2006

31a. 31b. 31c. 31d. 31e. 31f. 31g. 31h. 31i. 31j. 31k. 31l. 31m. 31n. 31o. 31p. 31q. 31r. 31s. 31t. 31u. 31v. 31w. 31x. 31y. 31z.

32. APR 7 2006

32a. 32b. 32c. 32d. 32e. 32f. 32g. 32h. 32i. 32j. 32k. 32l. 32m. 32n. 32o. 32p. 32q. 32r. 32s. 32t. 32u. 32v. 32w. 32x. 32y. 32z.

33. APR 7 2006

33a. 33b. 33c. 33d. 33e. 33f. 33g. 33h. 33i. 33j. 33k. 33l. 33m. 33n. 33o. 33p. 33q. 33r. 33s. 33t. 33u. 33v. 33w. 33x. 33y. 33z.

34. APR 7 2006

34a. 34b. 34c. 34d. 34e. 34f. 34g. 34h. 34i. 34j. 34k. 34l. 34m. 34n. 34o. 34p. 34q. 34r. 34s. 34t. 34u. 34v. 34w. 34x. 34y. 34z.

35. APR 7 2006

35a. 35b. 35c. 35d. 35e. 35f. 35g. 35h. 35i. 35j. 35k. 35l. 35m. 35n. 35o. 35p. 35q. 35r. 35s. 35t. 35u. 35v. 35w. 35x. 35y. 35z.

36. APR 7 2006

36a. 36b. 36c. 36d. 36e. 36f. 36g. 36h. 36i. 36j. 36k. 36l. 36m. 36n. 36o. 36p. 36q. 36r. 36s. 36t. 36u. 36v. 36w. 36x. 36y. 36z.

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO APR 7 2006

I, TERRY MASON M.D., 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 LAW AND ORDINANCES.

Terry Mason M.D. LOCAL REGISTRAR

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.