

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) SS.
County of Cook)

Henry L Washington Sr hereinafter called Affiant(s) being duly sworn states that he/she/they resides at 2123 E 83rd. That Affiant(s) was acquainted with Francis Washington, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Chicago Cook County, Illinois, described as:

- See attached -

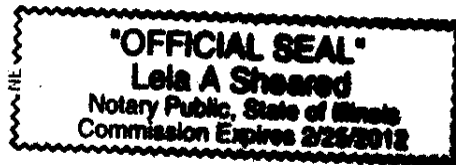
That the Deceased died on July 6, 2004, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 \$ _____.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this August day of 31 20 11.



Lela A. Sheard
Notary Public

Henry L Washington Sr
Affiant's Signature

Prepared By: Henry L Washington Jr
9811 S Ellis
Chicago IL 60628

UNOFFICIAL COPY

situated in the County of COOK, Illinois, to wit:
LOT THREE HUNDRED THIRTY-THREE (333) IN E.B. SHOGREN AND COMPANY'S JEFFERY
HIGHLANDS IN SECTION 36, TOWN 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN, ACCORDING TO PLAT DOCUMENT NUMBER 65981, FILED IN THE REGISTRAR'S
OFFICE ON OCTOBER 26, 1916, IN COOK COUNTY, ILLINOIS. PIN# 20 36 401 008 0000

Property Address: 2123 E 81RD ST CHICAGO, IL 60617 together with all
appurtenances and privileges thereunto belonging or appertaining.

PIN 20-36-401-008-0000

2350
TB

Property of Cook County Clerk's Office

STATE OF ILLINOIS
(County of Cook)

UNOFFICIAL COPY

DAVID ORR, County Clerk

AUG 31 2011

I, 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 WHEREOF, 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.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH			
		609435			
Type of Print in PERMANENT INK For Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)	
	1. FRANCES WASHINGTON		2. FEMALE	3. JULY 6, 2004	
COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)	UNDECI YEAR MOSE DAYS	UNDER 1 DAY HOURS MIN	DATE OF BIRTH (MONTH DAY YEAR)
4. COOK		5a. 70	5b.	5c.	5d. MARCH 10, 1934
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NUMBER)		IF HOSP. OR INST. WHO? (CHECKER FOR INPATIENT)	
8a. CHICAGO		8b. 2123 E. 83RD ST.		8c. DOA	
DECEASED	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
	7. HAZELHURST, MS		8. MARRIED		8b. HENRY WASHINGTON SR
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETE)	
10. [REDACTED]-1978		11a. SUPERVISOR	11b. HOUSEKEEPING	12. 9	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY
13a. 2123 E. 83RD ST.		13b. CHICAGO		13c. YES	13d. COOK
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR ISL SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES SPECIFY CUBAN, MEXICAN, PUER)	
13e. ILLINOIS		13f. 60617	14a. BLACK	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
PARENTS	FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN)		
	15. LEE WILL GREEN		16. OLIVIA ADAMS		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR P.O. CITY OR TOWN, STATE, ZIP)		
17a. HENRY WASHINGTON SR.		17b. HUSBAND	17c. 2123 E. 83RD CHICAGO, IL		
PART I. 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.		APPROVED BY THE PHYSICIAN			
Immediate Cause (Final disease or condition resulting in death)		18. Cardiopulmonary Arrest			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) Diabetes			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		ALL COPIES (YES/NO)	WERE ALL COPIES FINISHED BY COMPLETION OF CAUSE OF D.
20a.		20b.		19a. NO	19b. NO
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH
21a.		7 6 04	21b. YES		21c. 2:50
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		22a. SIGNATURE		DATE SIGNED (MONTH DAY YEAR)	
22a. <i>[Signature]</i>		22b. JULY 6, 2			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER			
22c. DR. WILL K. GEE 7906 S CRANDON CHICAGO, IL 60617		22d. 0360118			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED THE CORONER OR MEDIC MUST BE NOTIFIED			
23.					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN	STATE	DATE (MONTH DAY YEAR)
24a. BURIAL	24b. OAK WOODS	24c. CHICAGO, ILLINOIS	24d. JULY		
FUNERAL HOME	NAME	STREET AND NUMBER OR P.O.	CITY OR TOWN	STATE	
25a. CAGE MEMORIAL CHAPEL 7651 S. JEFFERY BLVD CHICAGO, ILLINOIS 6		FUNERAL DIRECTOR'S SIGNATURE			
25b. <i>[Signature]</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25c. 034-012209		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)			
25d. JUL 07 2004					
LOCAL REGISTRAR'S SIGNATURE		26b.			
26a. <i>[Signature]</i>					