

# UNOFFICIAL COPY



Doc#: 1200312178 Fee: \$42.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 01/03/2012 02:21 PM Pg: 1 of 4

116731500025 2/0

STATE OF PENNSYLVANIA)  
COUNTY OF Dauphin)

## DECEASED JOINT TENANCY AFFIDAVIT OF MARY SAFFOLD

**ROVENIA BRADDY**, hereinafter called Affiant, being duly sworn states that she resides at 455 M Street, Harrisburg, Pennsylvania. Affiant was acquainted with the family of Clarence N Parks and Lucille Parks of which Mary Saffold was related. Affiant further states as follows:

1. Affiant's mother, Inez Whaley, now deceased, was the sister of Lucille Parks and brother-in-law to Clarence N. Parks.
2. On August 21, 1980, Clarence Noble Parks and his wife, Lucille Parks, purchased, in joint tenancy, real estate with the common address of 8116 South Michigan Avenue, Chicago, Illinois.
3. The legal description for this property address is:  
LOT 6 (EXCEPT THE ORTH 8 FEET THEREOF) AND LOT 7 (EXCEPT THE SOUTH 8 FEET 6 INCHES THEREOF) IN W.S. CARTER'S SUBDIVISION OF BLOCK 17 IN HEIRS OF IRA WEBSTER'S SUBDIVISION OF THE NORTHWEST ¼ OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.
4. At the time of this purchase, neither Clarence N. Parks nor Lucille Parks had any living children, natural or adopted.
5. Clarence Parks died March 8, 1995, in Cook County, in the State of Illinois.
6. On March 29, 1995, Lucille Parks transferred by quit claim deed, in joint tenancy, real estate with the property address and legal description above to Lucille Parks and Mary Saffold.

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7. Mary Saffold was a cousin of the now deceased Clarence N. Parks.

8. To the knowledge of Affiant, the transfer of 8116 South Michigan Avenue, Chicago, Illinois from herself ["and Clarence Noble Parks, (Deceased)"] to Lucille Parks (widowed) and Mary Saffold, in joint tenancy, was not associated with any other transaction.

9. Mary Saffold died on February 9, 1998, in Cook County, Illinois. (Death Certificate attached)

10. To the knowledge of Affiant, Mary Saffold left no last will and testament.

11. To the knowledge of Affiant, only the property address above was associated with the estate of Mary Saffold and its value did not exceed \$250,000.

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

Date: 11/17/11

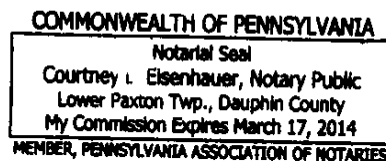
Rovenia Braddy  
Rovenia Braddy

SUBSCRIBED AND SWORN TO before me

This 17 day of November, 2011.

Courtney L. Eisenhauer  
Notary Public

My Commission Expires: 3/17/14



See ATTACHED  
Leave

Return To:

This document was prepared by Clarinda Gipson, Attorney At Law, 4710 Lincoln Highway, Suite 307, Matteson, IL 60443

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ATTORNEYS' TITLE GUARANTY FUND, INC.

## LEGAL DESCRIPTION

### Legal Description:

LOT 6 (EXCEPT THE NORTH 8 FEET THEREOF) AND LOT 7 (EXCEPT THE SOUTH 8 FEET 6 INCHES THEREOF) IN W.S. CARTER'S SUBDIVISION OF BLOCK 17 IN THE HEIRS OF IRA WEBSTER'S SUBDIVISION OF THE NORTHWEST 1/4 OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

### Permanent Index Number:

Property ID: 20-34-113-064-0000

### Property Address:

8116 S. Michigan Avenue  
Chicago, IL 60619

Property of Cook County Clerk's Office

## UNOFFICIAL COPY

STATE OF ILLINOIS  
(County of Cook)

DAVID ORR, County Clerk

AUGUST 4, 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 the 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.

*David J. Orr*  
COUNTY CLERK

NO. 1		REGISTRATION DISTRICT NO 16:33		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER 129		MEDICAL CERTIFICATE OF DEATH					
DECEASED NAME FIRST MIDDLE LAST				SEX		DATE OF DEATH (MONTH DAY YEAR)	
1 MARY SAFFOLD				2 FEMALE		3 FEBRUARY 9, 1998	
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH DAY YEAR)	
4 COOK		5a 6 8		5b MOS DAYS		5c April 19 1929	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O.A. OR EMER. BY PATIENT (SPECIFY)	
6a EVERGREEN PARK		6b LITTLE COMPANY OF MARY HOSPITAL				6c INPATIENT	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
7 Clarksdale, Miss		8a Married		8b Samuel Saffold		9. NO	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10		11a Homemaker		11b Own Home		12 12	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a 8715 SOUTH WALLACE		13b CHICAGO		13c YES		13d COOK	
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		HISPANIC ORIGIN? (SPECIFY YES/NO OR YES IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e ILLINOIS		13f 60620		14a		14b NO YES SPECIFY:	
FATHER NAME FIRST MIDDLE LAST		MOTHER NAME FIRST MIDDLE LAST		MIDDLE		(MAIDEN) LAST	
15 Warren Gumbus		16 Emma Nelson					
INFORMANT NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP)			
17a MELISSA BOODA/CLERK		17b HOSPITAL RECORDS		17c 2805 WEST 95TH STREET EVERGREEN PARK, ILLINOIS 60805			
18. PART I		Enter the disease(s), or complications that caused the death. Do not enter the mode of dying, such as car, fall or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) CEREBROVASCULAR ACCIDENT				1 WK	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) GLIOBLASTOMA				2 YR	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I						AUTOPSY (YES/NO)	
						19a NO	
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION				IF MALE, WAS THERE A HISTORY OF TESTICULAR DYSFUNCTION IN PAST THREE MONTHS?	
20a		20b				20c YES NO	
(10d) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH			
21a 2/6/98		21b NO		21c 1:15 P.M.			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED				DATE SIGNED (MONTH DAY YEAR)			
22a SIGNATURE				22b 2/12/98			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER			
22c HARVEY L. BOWEN, MD 9717 S. WESTERN CHICAGO IL 60643				22d 036-078648			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23. BURIAL, CREMATION, REMOVAL (specify)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OF TOWN STATE		DATE (MONTH DAY YEAR)	
24a Burial		24b Mount Hope		24c Chicago Illinois		24d 2-13-98	
FUNERAL HOME		NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP	
25a The Williams Chapel - 11053 S. Vincennes Ave Chicago, Ill. 60643				FUNERAL DIR. (NAME AND ADDRESS)		25c 034-007911	
25b Robert C. Williams				DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)		25d 2-12-98	
LOCAL REGISTRAR'S SIGNATURE				25e Annette T. Hauer			
25f				25g			