

UNOFFICIAL COPY



1200641015

JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Doc#: 1200641015 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/06/2012 10:07 AM Pg: 1 of 3

LAURA L. HERNANDEZ,
hereby referred to as the affiant, states under
oath that the affiant resides at _____
1256 Thackery Court

In the City of Naperville,
State of Illinois;
that the affiant was acquainted with _____
ETHEL CRIBBS

the decedent; at the time of death, the
decedent was one of the owners of property,
by virtue of a properly recorded joint
tenancy deed, said property located in
Cook _____ County, State of
Illinois _____, and legally
described as follows:

LOT 43 IN BLOCK 3 IN CARTER'S ADDITION TO MAPLEWOOD, A SUBDIVISION OF THE SOUTH HALF OF THE SOUTH EAST QUARTER OF THE SOUTH EAST QUARTER OF THE NORTH EAST QUARTER OF SECTION 25, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD MERIDIAN, TOGETHER WITH ALL THE BUILDINGS AND IMPROVEMENTS THEREON, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 2849 N. Maplewood, Chicago, Illinois 60618

PIN: 13-25-228-005

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on October 4, 2003, leaving no/a last will and testament;

The total value of decedent's estate, including the taxable interest in the above property was \$ 200,000.00, and that the value of the above property individually was \$ 100,000.00

The State and Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

Laura L. Hernandez

Subscribed and sworn to before me this

27 day of May 2009
(Month) (Year)

Daniel R. Anson
(Notary Public)



(Seal)
S Y
P 2
S N
SC Y
INT Y

Page 1 of 2

FOR USE IN: ALL STATES
Attorneys' Title Guaranty Fund, Inc.
I CERTIFY THIS TO BE A TRUE
& EXACT COPY OF THE ORIGINAL
by Daniel Szielinski
ATG Staff

090155300419

WB

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JOINT TENANCY AFFIDAVIT (continued)

Note: A death certificate, together with evidence of payment of death taxes, if any, should accompany this affidavit.

This instrument prepared by:

Daniel R. Ansani, Ansani & Ansani, P.C.

(Name)

1411 W. Peterson Ave., Suite 202

(Address)

Park Ridge, Illinois 60068

(City, State, Zip)

Return to:

~~Daniel R. Ansani, Ansani & Ansani, P.C.~~

(Name)

~~1411 W. Peterson Ave., Suite 202~~

(Address)

~~Park Ridge, Illinois 60068~~

(City, State, Zip)

→ Office of General Counsel
Attorneys Title Guaranty
1 South Wacker Ste 2400
Chicago, IL 60601

Property of Cook County Clerk's Office

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MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 06 2003

614532

DECEASED-NAME: **ETHEL I CRIBBS** SEX: **Female** DATE OF DEATH: **October 4, 2003**

COUNTY OF DEATH: **COOK** AGE-LAST BIRTHDAY (MM/DD): **64** UNDER 1 YEAR: **NO** UNDER 1 DAY: **NO** DATE OF BIRTH (MONTH, DAY, YEAR): **October 15, 1938**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN OTHER ONE STREET AND NUMBER): **CRIBBS**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SELECT): **MARRIED** NAME OF SURVIVING SPOUSE (GIVEN NAME, F. W. W.): **DAVID**

RESIDENCE (STREET AND NUMBER): **2849 N. Maple Wood** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago**

FATHER-NAME FIRST MIDDLE LAST: **CARL HOOKER** MOTHER-NAME FIRST MIDDLE LAST: **IRONS CARLSON**

17. DECEASED'S NAME (TYPE ON PRINT): **Edith E Matthews** RELATIONSHIP: **Wife** MARITAL ADDRESS (STREET AND NO., P.O. BOX, R.F.D., CITY OR TOWN, STATE, ZIP): **170 N. W. 836 W. Wellington Chicago IL 60627**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **Pulmonary Embolism**

19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Due to, or as a consequence of metastatic lung cancer**

20. DATE OF OPERATION, IF ANY: **10/4/2003** MAJOR FINDINGS OF OPERATION: **NO**

21. TO THE BEST OF ANY KNOWN EDGE, DEATH OCCURRED AT THE TIME, DATE, AND PLACE AND DUE TO THE CAUSE(S) STATED: **NO**

22. SIGNATURE OF PHYSICIAN: **John A. Williams, M.D.** ILLINOIS LICENSE NUMBER: **036-083499**

23. NAME AND ADDRESS OF CERTIFIER: **John A. Williams, M.D.** 836 W. Wellington Ave. Chicago, IL 60627

24. FUNERAL HOME: **ETHEL I CRIBBS** STREET AND NUMBER OR R.F.D.: **5734 W. Diversy Ave. Chicago IL 60639**

25. FUNERAL DIRECTOR'S SIGNATURE: **John A. Williams, M.D.**

26. LOCAL REGISTRAR'S SIGNATURE: **John A. Williams, M.D.**

27. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 06 2003**

28. THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS APPLIED.

29. DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

30. DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

John A. Williams, M.D.
LOCAL REGISTRAR