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Doc#: 1206013032 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/29/2012 01:02 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
County of) st.

Cook

being first duly sworn states that

Bernita G. Turner
resides at 8147 S. Princeton

in the City of Chicago

That Bernita G. Turner was acquainted with Lee Esther Smith
Deceased who, at the time of her death, was one of the owners, of the land in Cook
County, Illinois, described as:

That the deceased died September 14, 2008, as evidenced
by a certified 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 of the time of the death of the deceased, does not exceed the sum of \$130,000 dollars.

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

Subscribed and sworn to before me by the said

Bernita G. Turner

this 29 day of Feb, A.D. 2012

Jaffany Brown
Notary Public

Bernita G. Turner
(affiant's signature)

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REGISTRATION DISTRICT NO. **16.10**

LOCAL FILE NUMBER **612334**

STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last) Lee Esther Smith			2. SEX Female	3. DATE OF DEATH (Month/Day/Year) (Spell Month) September 14, 2008		
4. COUNTY OF DEATH Cook	5a. AGE AT LAST BIRTHDAY (Years) 89	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Month/Day/Year) December 3, 1918		
7a. CITY OR TOWN Chicago		7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) St Bernard Hospital				
7c. PLACE OF DEATH (Check only one: see instructions)						
IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____			
8. BIRTHPLACE (City and State or Foreign Country) Alexandria, LA	9. SOCIAL SECURITY NUMBER [REDACTED]-7762		10. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage) None	
12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13a. RESIDENCE (Street and Number) 8147 S. Princeton Ave.		13b. APT. NO.	13c. CITY OR TOWN Chicago	13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY Cook	13f. STATE IL	13g. ZIP CODE 60620	14. FATHER'S NAME (First, Middle, Last) Henry Dogins		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mankie Butler	
16a. INFORMANT'S NAME Deloris Jackson		16b. RELATIONSHIP Daughter		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 10039 S. Emerald Chicago, IL 60628		
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) Resvale		19. LOCATION - CITY, TOWN AND STATE Alsip, IL		20. DATE OF DISPOSITION (Month/Day/Year) 9-19-2008
21a. FUNERAL HOME NAME Wallace Broadview Funeral Home		21b. FUNERAL HOME STREET AND NUMBER 2020 Roosevelt Rd Broadview, IL 60155		21c. FUNERAL HOME CITY, TOWN AND STATE Chicago, IL		
21d. FUNERAL DIRECTOR'S SIGNATURE <i>Bernard Wallace</i>		21e. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34-9351		22. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) SEP 18 2008		

CAUSE OF DEATH (See instructions and examples) 24. PART I. Enter the chain of events - diseases, injuries or complications - that directly or caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a dementia related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <i>Pneumonia</i>		Due to (or as a consequence of):		24y. <i>24y</i>	
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b. <i>MESOTHALIOMA RENAL CELL CARCINOMA</i>		Due to (or as a consequence of):	
c. _____		Due to (or as a consequence of):		24z. <i>9y</i>	
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months		29. MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation	
30. DATE OF INJURY (Month/Day/Year)		31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
33. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		34. LOCATION OF INJURY Street and Number Apartment Number City or Town State ZIP Code			
35. DESCRIBE HOW INJURY OCCURRED:				36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)	
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON 9/14/08		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) 9/14/08	
40. TIME OF DEATH 11:52 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.		41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.			
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) William Evans 16650 Harlem Ave. Tinley Park, IL 60477				43. PHYSICIAN'S LICENSE NUMBER 36062358	
44. TITLE OF CERTIFIER <i>William Evans</i>		45. DATE CERTIFIED (Month/Day/Year)		46. SIGNATURE OF CERTIFIER <i>William Evans</i>	

Based on the 2003 U.S. Standard Certificate (Illinois Department of Public Health - Division of Vital Records VR200 (Rev. 1/08))

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN ENCLOSED SEAL IS APPLIED OVER REGISTRAR'S SIGNATURE.

William Evans

I, WILSON, M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE REGISTRAR OF THE RECORDS OF BIRTHS, DEATHS AND MARRIAGES OF THE CITY OF CHICAGO AND THAT THE SIGNATURE OF THE DECEASED AND THE SIGNATURE OF THE CITY OF CHICAGO, THE STATE OF ILLINOIS AND THE SIGNATURE OF THE REGISTRAR ARE CORRECT. THIS RECORDS OFFICE CERTIFICATE ON THIS DATE IS A TRUE COPY OF A RECORD KEPT BY ME IN OBEYANCE OF SAID LAWS AND ORDINANCES.

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO SEP 18 2008

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 20332180160000

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card", available from the counter clerk or at our website www.cookctyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number"). If this is not the item you requested, please notify the counter clerk.

20	33	21	80	16	7201	4100	860				
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	ALP	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME ██████████

442

AREA	SUB-AREA	BLOCK	PARCEL	TAX CODE	
20-33-218-16				7201	
FORSYTHES SUB		33	58	14	
1ST ADD TO HARVARD RESUB					
L19T036 B2 & L 22 TO					

LOT	SUB-LOT	LOT	BLOCK
	31	42	7

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD
0	0	0	0	0	0	0	0	0	0	0
46	47	48	49	50	51	52	53	54	55	56
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9
46	47	48	49	50	51	52	53	54	55	56