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JOINT TENANCY AFFIDAVIT

Doc#: 1215912111 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/07/2012 11:29 AM Pg: 1 of 3

Robert S. Stevenson, hereby referred to as the affiant, states under oath that the affiant resides in St. John, Indiana 46307; that the affiant was acquainted with Robert L. Stevenson, the decedent; at the time of death, the decedent was one of the owners of the subject 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 3 and 4 in Block 2 in Lansing Terrace, as Subdivision of part of the West 1/2 of the North West 1/4 of Section 32, Township 36 North, Range 15, East of the Third Principal Meridian, in Cook County, Illinois

PIN: 30-32-102-007-0000 30-32-102-005-0000
Property Address: 3317-178th Street, Lansing, IL 60438

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

That Robert L. Stevenson died February 3, 2011, as evidenced by the attached death certificate.

That at the time of decedent's death, Robert S. Stevenson and Beverly A. Ferrell were the remaining joint tenants.

That the total value of decedent's estate was \$ 275,000.00

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


Attorneys' Title Guaranty Fund, Inc.
1 S. Wacker Dr., STE 2400
Chicago, IL 60606-4650
Attn: Search Department

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SC Y
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The affiant states no more.


Dated: April 25, 2012


Robert S. Stevenson

SUBSCRIBED and SWORN to before
me this 25th day of April, 2012.


Notary Public



Property of  County Clerk's Office

Prepared By + Return To:
DAVID G. CLARK
419 RIDGE ROAD SUITE C
MUNSTER, IN 46321

UNOFFICIAL DEATH COPY

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2011 000887

MEDICAL EXAMINER'S CASE NUMBER 068FEB11

DATE ISSUED 02/07/2011

DECEDENT'S LEGAL NAME ROBERT L STEVENSON		SEX MALE	DATE OF DEATH FEBRUARY 03, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH AUGUST 26, 1923		
CITY OR TOWN LANSING		HOSPITAL OR OTHER INSTITUTION NAME 3317 178TH STREET		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	MARITAL STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE'S NAME	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 3317 178TH STREET		APT. NO.	CITY OR TOWN LANSING	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60438	FATHER'S NAME WALTER STEVENSON	MOTHER'S NAME PRIOR TO FIRST MARRIAGE LOUISE DUST
INFORMANT'S NAME ROBERT STEVENSON		RELATIONSHIP SON	MAILING ADDRESS 8787 PARK LANE, SAINT JOHN, IN, 46373	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION GELSEN CREMATION CENTRE	LOCATION - CITY OR TOWN AND STATE CROWN POINT, IN	DATE OF DISPOSITION FEBRUARY 06, 2011
FUNERAL HOME SHIMKUS FUNERAL SERVICES, 4147 WEST 76TH PLACE, CHICAGO, IL, 60652				
FUNERAL DIRECTOR'S NAME STEVEN J SHIMKUS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034914632	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 7, 2011	
CAUSE OF DEATH PART I GUNSHOT WOUND TO HEAD				
IMMEDIATE CAUSE <small>(First disease or condition resulting in death)</small>				
Due to (or as a consequence of)				
Due to (or as a consequence of)				
Due to (or as a consequence of)				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
DID TOBACCO USE CONTRIBUTE TO DEATH?			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
MANNER OF DEATH SUICIDE				
DATE OF INJURY FEBRUARY 3, 2011	TIME OF INJURY 04:25 PM	PLACE OF INJURY DECEDENT'S HOME	INJURY AT WORK? NO	
LOCATION OF INJURY 3317 178TH ST, LANSING, IL, 60438			IF TRANSPORTATION INJURY, SPECIFY	
DESCRIBE HOW INJURY OCCURRED SHOT SELF IN HEAD				
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED	TIME OF DEATH 04:45 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED FEBRUARY 04, 2011	
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



NOTE: FACILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM