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Doc#: 1224156011 Fee: \$42.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds

Date: 08/28/2012 01:47 PM Pg: 1 of 3

Deceased Joint Tenant Affidavit

File #:

1207637 1 of 1

Address:

2105 S Saint Charles Rd #2

Maywood, 11, 60153

Pin # : 15-10-116-051-1002

Legal Description:

SOUNTY C UNIT 2 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN ST. CHARLES CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NUMBER 26584728, IN THE NORTHWEST 1/4 OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Prepared by:

Nochinski Law SATURN TITLE LLC

1030 W. HIGGINS ROAD

SUITE 365

VI II a Pam TL tobl FARK RIDGE, IL 60068

mail to:

1224156011 Page: 2 of 3

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS) COUNTY OFcook) SS.	File Number:127607
Virginia Overs flavirgina Overs	being duly sworn states that he/she resides a
2105 S. Charles Col#2 in the City of	(deceased), State ofIL
that he/she was acquainted with Donel Owens	(deceased)
who, at the time of his/her death, was one of the owners of the land inCook	
2105 S. Saint Charles Road, #2, Maywood, IL 60153attached legal description.	and legally described in the
That the deceased died on March 26, 2007, as evidenced by a certified co	ppy of a death certificate of the deceased
attached hereto.	
CHECK ONE:	
♣ That the deceased died: Leaving no Last Will & Testament; or	
♦ 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 ofCOOKCo	ur.cy Alinois; or
♦ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the	Probate Division of the Circuit Court of
County, Illinois on or about	
That the total value of the estate of the deceased, including both real and personal proper in joint tenancy or tenancy by the entirety at the time of the death of the deceased, does	
Affiant makes this affidavit for the purpose of inducing Saturn Title Company to issue in	ts Title Insurance Policy, describing the
above mentioned property.	
Subscribed and sworn to before me this29thday of	expireds

(STATE OF ILLINOIS) (County of Cook)

UNOFFICIAL COPY JULY 20, 2012

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 herby 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 D. On

DECEDENT'S BIFITH NO.	REGISTRATION 16.3	5	STATE OF ILLINOIS STATE FILE NUMBER							
	MEDICAL CERTIFICATE OF DEATH									
Type or Print in PERMANENT BUX	DECET SEP ME	FIRST	MIDDLE	LAST	SE	(DATEOF	DEATH (MONI	H, DAY, YE	AR)
See Funeral Directors,	1.	DONEL		OWENS	Sr. 2	MALE	3. MAF	CH 26	,200	7
Hospital, or Physicians Handbook for	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER LYEAR MOS. DAYS	UNDER 1 DAY	DATEOF	BIRTH IMONT	H, DAY, YEAR)		
INSTRUCTIONS	4 COOK		5a.67	5b. 5	ic.	5d. A	JGUST	25,19		
	CITY, TOWN, TWP, OR ROAD	OF)TRICT NUMBER	HOSPITALOROTI	HER INSTITUTION-NA	ME (IF NOT IN EITH	EA, GIVE STRE	ET AND NUMBE	R) IF HOSP OP/EMES	OF INST, I	NDICATE D.C.A. DENT (SPECIFY)
A	6a MELROSE PA		6b.GOTTL1		IAL HO			6c. []	YPAT.	
DECEASED	BIRTHPLACE (CITY AND STATE FOREIGN COUNTRY)	M RPSD NE	VERMARRIED, VORCED (SPECIFY)	NAME OF SURVIV	ING SPOUSE (A	IAIDEN NAME,	IFWIFE)		WASDE	EASÉDEVERINUS. ORCES? (YESANO)
	7 Lexington, 1	MS &a. Mar	ried			avis	·		9. No	
В	SOCIAL SECURITY NUMBER	USUAI OCCU	VATION	KIND OF BUSINES	SORINDUSTRY		TION (SPECIF ry/Secondary (0-	YONLYHIGHEST 12) Con	GRADE CON aga (1-4 or 5 a	PLETED)
C.::	10.] RESIDENCE (STREET AND NUM	30 11a La'ı		11b. Gene			2th			
ا المستخموج المالات			CITY	, TOWN, TWP, OR RO	DAD DISTRICT !	WQ.	(YES/NO)	COUNT	Y	
E	13a. 2105 ST. (CHARLES RI		1AYWOOD			13c. YF			
	SIVIE	ZIP CODE F	NACE (WK TE, BLACK, TO NOTAN, MC) (SPEC TY)	YERICAN OF H	SPANIC ORIGIN	I? (SPECIFY)	IO OR YES-IF VE	S, SPECIFY CUBAN	I, MEXICAN, I	LETTO RICAN, etc.)
- 5	13e. <u>I I.</u> FATHER- <i>NAME</i> FIRST	The second se	4a. Black	40 -	XCYNO	☐ YES	SPECIFY:			,
PARENTS		MIODLE	LAST	MOTI	HER-NAME	FIRST	MIDDLE		(MAIDE	i) LAST
	15. William INFORMANT'S NAME (TYPE OF		Owens	16.		atrie			ott	
	i '			RELATIC WSH!	MAILING ADDI	RESS (STRE	ETANDNO.ORF	.F.D., CITYORTO	WN, STATE,	Peo1eo
1	17a FELICITA 18. PARTIL			7bRECURDS		W NO				
2		Enterthe diseases, or con shock, or heart failure. Li	ipilications (het caused) at only one cause on (the death. Do sweinter i each line.	her late of dying	, such as can	diad or respirat	ory arrest,	AFFROI BETWEEN	MATE INTERVAL DISSET AND DEATH
3	immediate Cause (Final disease or condition	→ ⊆ `\	ine to the	rive. De	ow to	300	£		少 。	L.A.
***************************************	resulting in death)	DUETO, ORASAC		145 100	347	11/1-2			91	1
1,111,111,111,111	CONDITIONS, IF ANY	a Plant	litterenti	ata Hin-	mall Ce	Mar	run on	13.	_),	anths
CAUSE	WHICH GIVE RISE TO RAMEDIATE CAUSE (a)	DUETO, ORASAC		SILK I	mey w	7-2"		``	<u> </u>	214.2
3.002	STATING THE UNDERLYING CAUSE LAST.					Ω,				
	PARTII. Other algorificant condition	ns contributing to death but no	t resulting in the waterhing o	tause alvenin PART1			At rops	Y WERE AL	TOPSY FINDIN	SAVALABLE PRIOR TO
5	TUPN ETCH	~ · · · · · · · · · · · · · · · · · · ·	itive Join	1 41					TIONOFCAUSE	DFDEATHT(YESHO)
N	DATE OF OPERATION, IF ANY	1 7 -	GSOFOPERATION	· Otaca-t	<u> </u>		1/xa.	19b.	ERE A PREG	MANCY IN PAST
Ρ	20a.	20ь.						HEE MONTHS?	NO.	
>	AND VOID MOT ATTEND THE	DECEASED ALOUG	I, DAY, YEAR)		WASC	ORONERO		HO. PROFIDEA		
	AND CAST SAW HIM HER ALIV	EON 3)	26/07		EXAM	NERNOTIFI	D? (YES/NO)	_		
***************************************	TO THE BEST OF MY KNOWLE	DGE DEATH OCCUR		EANDPLACE AND DU	216. ETO THE CAUS		-	21c. 12: Date signed		M, TH, DAY, YEAR)
	22a. SIGNATURE >	01/1			-	_(-,		00L ·	7	101/2
CERTIFIER	NAME AND ADDRESS OF CEN	TIFIER TYPEORP	X M	b. Monwo	1 LC.	500/3		22b. ILLINOIS LICEN	ISE NUMB	R
	march 1	R. Thora		Sorth And				22d. 636		
1.	NAME OF ATTENDING PHYSIC	140 0 0		OR PRINT)	-Cu	7 7 1		220. U JAB NOTE: IF AN INJU	 	
	23. Howard	Einhern	, ,,,	,		COCI	- 1	DEATH THE CORC	WER OR ME	EICAL EXAMINER
>	BURIAL CREMATION	CEMETERY OR CHEM	MATORY-NAME	LOCATION	СПҮО	TOWN	STATE	DAT		TH, DAY, YEAR)
	REMOVAL (SPECIFY) 248. Burial	24b. Oakrid		240	11/11-		1144	_ 244	Aor.	2, 2007
	FUNERAL HOME	NAME		y 24C. NUMBER OR R.F.D.	Hills	TY DR TOWN	11inoi	STATE	ADI.	ZP ZUU/
DISPOSITION	25a Corbin Cole	andol Ware					**		4	50644
·	FUNERAL DIRECTOR'S SIGNA	TURE TUTE T	ar Chaper	3343 W. Ma	dison,	Chicag	O . ERAL DIRECTOR	<u>Illino</u>		
	250.	thull	Carita S	Vincent-S	mith	250		-015905		
•	LOCAL REGISTRAP SHANAT		1 f	/ Incences	<u> </u>			L REGISTRAR (M	_	YEAR)
	26a May	Mad	eloude	Tales		261	. IUni	ch &	7X . c	2007
	/P000 (P=+ 5/90))		Υ		[20]	د ريا		<u> </u>	+