

UNOFFICIAL COPY

12070504 Ltd

PRISM TITLE
1011 E. Touhy Ave, #350
Des Plaines, IL 60018



Doc#: 1227718012 Fee: \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/03/2012 12:19 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
 } ss.
COUNTY OF }

PATRICIA HUTCHINS-JACKSON
being duly sworn states that I resides at 5459 W. CORTEZ ST
in the City of CHICAGO ILLINOIS 60651.

That I was acquainted with JAMES E. HUTCHINS deceased who, at the time of
death, was one of the owners of the land in COOK County, Illinois, described as:

That the deceased died AUGUST 10, 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 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 at the time of the death of the deceased, does not exceed the sum of N/A dollars.

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

Subscribed and sworn to before me by the said

Patricia Hutchins - Jackson

this 23 day of Aug, A.D. 2012

Mary Waples
Notary Public



Patricia Hutchins - Jackson
(Affiant's Signature)
Patricia Hutchins - Jackson

Mary Waples
Notary Public, State of Ohio
My Commission Expires 01-14-2017

Digitally
Kaufman & Co LLC
601 W. Lake St
Chicago, IL 60601

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS CERTIFICATE OF DEATH			
LOCAL FILE NUMBER 610957		160 AUG 08		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKAs if any) (First, Middle, Last) JAMES EARL HUTCHINS SR.			2. SEX MALE	3. DATE OF DEATH (Month/Day/Year) (Spell Month) AUGUST 10, 2008	
4. COUNTY OF DEATH COOK	5a. AGE AT LAST BIRTHDAY (years) 59	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) NOVEMBER 18, 1948	
7a. CITY OR TOWN CHICAGO			7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) 3900 W MAYPOLE		
7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input checked="" 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) BELZONT, MS.	9. SOCIAL SECURITY NUMBER [REDACTED]	10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input 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) PATRICIA NELSON	12. EVER IN U.S. ARMED FORCES <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
13a. RESIDENCE (Street and Number) 5459 W CORTEZ		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 60651	14. FATHER'S NAME (First, Middle, Last) WILLIE L. HUTCHINS SR.	15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) VERA SANDERS	
16. INFORMANT'S NAME PATRICIA HUTCHINS		16b. RELATIONSHIP WIFE	16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 5459 W CORTEZ CHICAGO IL. 60651		
17. MANNER OF DISPOSITION <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)	18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) THE LAKES CREMATORY	19. LOCATION - CITY, TOWN AND STATE LAKE VILLA, IL.	20. DATE OF DISPOSITION (Month/Day/Year) AUG. 14, 2008		
21a. FUNERAL HOME NAME CORBIN COLONIAL FUNERAL CHAPEL.	21b. FUNERAL HOME STREET AND NUMBER 5345 W Madison ST.	21c. FUNERAL HOME CITY OR TOWN CHICAGO IL.	21d. FUNERAL HOME STATE 60644		
21b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015608		
22. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>			23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) AUG 14 2008		
24. PART I. CAUSE OF DEATH (See instructions and examples) Enter the chain of events - diseases, injuries or complications - that directly 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. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. CORONARY ATHEROSCLEROSIS Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. _____ Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. _____ Due to (or as a consequence of):					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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 type="checkbox"/> Unknown					28. IF FEMALE: <input type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death
29. MANNER OF DEATH <input checked="" 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					26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	39. DATE PRONOUNCED (Month/Day/Year) AUGUST 10 2008	40. TIME OF DEATH 6 54 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
41. CERTIFIER (Check only one) <input 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 checked="" 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.					43. PHYSICIAN'S LICENSE NUMBER
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) MICHEL JOSEPH HUMILIER, M.D. 2121 W. HARRISON ST., CHICAGO, ILLINOIS 60612-3705					
44. TITLE OF CERTIFIER This is to certify that this is a true and correct copy of the official death record THE MEDICAL EXAMINER		45. DATE CERTIFIED (Month/Day/Year) AUGUST 11 2008	46. SIGNATURE OF CERTIFIER <i>[Signature]</i>		

Illinois Department of Public Health - Division of Vital Records
VR2000 (Rev. 1/06)

Property of Cook County Clerk's Office

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
EMBOSSER SEAL IS AFFIXED OVER
REGISTRAR'S SIGNATURE

Cheryl Harrison MD

1. TERRY WATSON, M.D., LOCAL
REGISTRAR OF VITAL STATISTICS OF
CHICAGO HAS THE MEMBERS OF
THE BOARD OF HEALTH, STILLMANTH
AND DEPT. FROM THE CITY OF CHICAGO
BY WRITING OF THE LAWS OF THE STATE
OF ILLINOIS AND THE ORDINANCES OF
THE CITY OF CHICAGO, THAT THE
ACCOMPANYING CERTIFICATE ON THIS
SHEET IS A TRUE COPY OF A RECORD
KEPT BY ME IN OBEYANCE OF SAID
LAWS AND ORDINANCES.

AUG 14 2008
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

UNOFFICIAL COPY

EXHIBIT A

Commitment Number: 12070524

THE WEST 30 FEET OF LOT 12 IN BLOCK 10 IN THE SUBDIVISION OF PART OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 4, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, AS PER PLAT RECORDED JULY 11, 1890 AS DOCUMENT NUMBER 1,301,230 IN BOOK 44 OF PLATS, PAGE 13, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 16-04-311-004-0000

Property Address: 5459 WEST CORTEZ STREET, CHICAGO, IL 60651

Property of Cook County Clerk's Office

Prism Title
1011 E. Touhy Ave., Ste. 350
Des Plaines, IL 60018
A Policy Issuing Agent for
First American Title Insurance Company

Commitment
Exhibit A

(12070524.PFD/12070524/68)