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7. No persons were adopted by the decedent.

8. The parents of the decedent were MERETH OWENS  
MARTHA REDMOND, both said parents are now deceased.

9. a) Pursuant to the Last Will and Testament of ALLIE OWENS, the decedent herein, left his/her entire estate, both real and personal, to JIMMY YOUNG.

b) The decedent died intestate.

10. 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 \$1000 dollars.

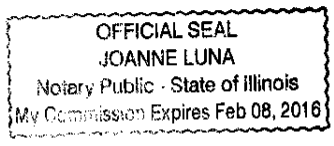
11. The foregoing is based upon my own personal knowledge and belief, is true, and if called upon as a witness I would competently and consistently testify thereto.

FURTHER AFFIANT SAYETH NOT.

Jimmy Young  
AFFIANT

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS \_\_\_\_\_ DAY

OF Sept 12 2012  
[Signature]  
NOTARY PUBLIC



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### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS )  
 COUNTY OF COOK )

SS.

File Number: 1237495

being duly sworn states that FRED ANDREWS resides at 1322 S. MILLARD AVE. in the City of CHICAGO

That FRED ANDREWS was acquainted with ALLIE OWENS deceased who, at the time of death, was one of the owners of the land in Cook County, IL, described as: 1322 S. MILLARD AVE., CHICAGO, IL 60623

SEE ATTACHED LEGAL

That the deceased died 4.2.07, 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 Cook County, IL.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, IL, 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 \$10<sup>00</sup> dollars.

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

Subscribed and sworn to before me by the said

this 29th day of Sept, A.D. 20 12.

Notary Public

OFFICIAL SEAL  
 JOANNE LUNA  
 Notary Public - State of Illinois  
 My Commission Expires Feb 08, 2016

[Signature]  
 (Affiant's Signature)

STATE OF ILLINOIS  
(County of Cook)

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DAVID ORR, COUNTY CLERK

November 3, 2011

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 hereby 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 J. Orr*  
COUNTY CLERK

DECEASED'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS		STATE FILE NUMBER
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>		<b>604918</b>
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. DECEASED—NAME FIRST MIDDLE LAST <b>Allie Owens</b>			SEX <b>Female</b> DATE OF DEATH (MONTH, DAY, YEAR) <b>April 2, 2007</b>
	4. COUNTY OF DEATH <b>Cook</b>		AGE—LAST BIRTHDAY (MM/DD) <b>58 91</b>	DATE OF BIRTH (MONTH, DAY, YEAR) <b>JUNE 20 1916</b>
A	6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>Chicago</b>		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Mount Sinai Hospital Medical Ct</b>	
	6c. Inpatient		IF HOSP. OR INST. INDICATE 0.0 OF NUMBER, PUL. INFANTRY (SPEC. COLLEGE (1-4 or 5-7))	
C	7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>LEXINGTON, MISS</b>	8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>WIDOWED</b>	8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>NO</b>	
	10. SOCIAL SECURITY NUMBER	11a. USUAL OCCUPATION <b>HOMEMAKER</b>	11b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>8th</b>
D	13a. RESIDENCE (STREET AND NUMBER) <b>1322 SOUTH MILLARD</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>	13c. INSIDE CITY (YES/NO) <b>YES</b>
	13d. STATE <b>ILLINOIS</b>	13e. ZIP CODE <b>60623</b>	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>BLACK</b>	14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN) <b>NO</b>
E	15. (FATHER) NAME FIRST MIDDLE LAST <b>MERIDITH OWENS</b>		16. (MOTHER) NAME FIRST MIDDLE LAST <b>MARTHA (REDMON)</b>	
	17a. (DECEASED) NAME (TYPE OR PRINT) <b>JIMMIE YOUNG</b>		17b. RELATIONSHIP <b>SON</b>	17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>617 OAK AVENUE, AURORA, IL 60506</b>
1	18. PART I Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			APPROXIMATE PERCENTAGE OF COMPLETION OF CAUSE OF DEATH (YES)
2	(a) IMMEDIATE CAUSE (FIM) disease or condition resulting in death <b>SEPSIS</b>			
3	(b) DUE TO OR AS A CONSEQUENCE OF <b>Metastatic Prostate Cancer</b>			
4	(c) STATING THE UNDERLYING CAUSE LAST. <b>Metastatic Prostate Cancer</b>			
5	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			19a. AUTOPSY (YES/NO) <b>NO</b>
6	DATE OF OPERATION, IF ANY			19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>NO</b>
7	20. (1) (DO) (DID NOT) ATTEST THE DECEASED WHO LAST SAW HIM OR HER ALIVE ON <b>04/01/07</b>		21. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>	21c. HOUR OF DEATH <b>4:45 PM</b>
8	22a. SIGNATURE <i>[Signature]</i>			22b. DATE SIGNED (MONTH, DAY, YEAR) <b>04-02-07</b>
9	22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>NDUOL ADIEMEKANA MD, 5120 W. Jackson, Chicago IL 60644</b>			22d. ILLINOIS LICENSE NUMBER <b>036-085211</b>
10	23. (a) BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>			23b. DATE (MONTH, DAY, YEAR) <b>APRIL 13</b>
11	24a. BURIAL CEMETERY OR CREMATORY—NAME <b>MT. VERNON CEMETERY</b>		24b. LOCATION CITY, TOWN, STATE <b>LEMONT ILLINOIS</b>	24c. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY, TOWN, STATE ZIP <b>HOUSE OF BRANCH (ROSIE FUNERAL HOME) 3425 WEST ROOSEVELT RD., CHICAGO ILLINOIS 60612</b>
12	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			25b. DIRECTOR'S ILLINOIS LICENSE NUMBER <b>035 015666</b>
13	26a. LOCAL HEALTH DEPT.'S SIGNATURE <i>[Signature]</i>			26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>APR 11 2007 J.H</b>

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## LEGAL DESCRIPTION

LOT 30 IN BLOCK 3 IN VANCE AND PHILLIPS' BOULEVARD ADDITION IN THE NORTHWEST 1/4 OF SECTION 23, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:  
1322 South Millard Avenue  
Chicago, IL 60623

PIN#: 16-23-112-021-0000

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