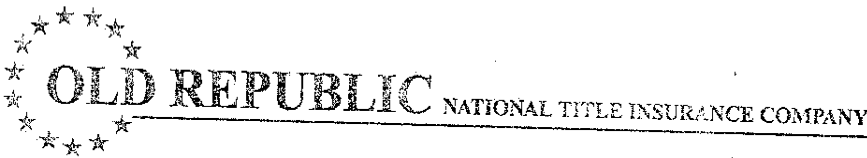




1231834024

Doc#: 1231834024 Fee: \$64.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/13/2012 08:56 AM Pg: 1 of 3



1237495 5/10

Old Republic National Title Insurance Company
20 South Clark Street
Suite 2000
Chicago, IL 60603

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF COOK)

SS.

File Number: 1237495

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

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

SEE ATTACHED LEGAL

That the deceased died 8-12-07, 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 _____.

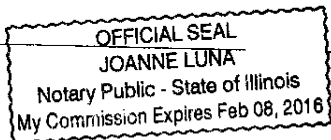
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of 81000 dollars.

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. 2012.

[Signature]
Notary Public



[Signature]
(Affiant's Signature)

(STATE OF ILLINOIS)
(County of Cook)

UNOFFICIAL COPY

November 14, 2011

DAVID ORR, COUNTY CLERK

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

| | | | | | |
|--|---|--|---|---|---|
| DECEDENT'S BIRTH NO. | REGISTRATION DISTRICT NO. 16.0 | STATE OF ILLINOIS | | STATE FILE NUMBER | |
| REGISTERED NUMBER | | MEDICAL CERTIFICATE OF DEATH | | | |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E CAUSE N P CERTIFIER DISPOSITION | 1. DECEASED—NAME FIRST MIDDLE LAST MARTHA ANN GRANT | | 2. SEX FEMALE | 3. DATE OF DEATH (MONTH, DAY, YEAR) AUGUST 12, 2007 | |
| | 4. COUNTY OF DEATH COOK | | AGE—LAST BIRTHDAY (YRS) 5a. 55 | UNDER 1 YEAR UNDER 1 DAY MOS. DAYS HOURS MIN. 5b. 5c. | 5d. DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 11, 1952 |
| | 6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER OAKLAND | | 6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) MANOR CARE NURSING HOME | | 6c. IF HOSP. OR INST. INDICATE D.O.A. OR IMAER. RM. INPATIENT (SPECIFY) INPATIENT |
| | 7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, IL | | 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED | 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) MACK GRANT | |
| | 9. SOCIAL SECURITY NUMBER | | 10. USUAL OCCUPATION HEALTH CARE | 11. KIND OF BUSINESS OR INDUSTRY HOME CARE | 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (9-12) College (1-4 or 5+1) 12. 12 0 |
| | 13a. RESIDENCE (STREET AND NUMBER) 1044 W. 87th St #1n | | 13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO | 13c. INSIDE CITY (YES/NO) YES | 13d. COUNTY COOK |
| | 13e. STATE IL | | 13f. ZIP CODE 13160620 | 14. RACE (WHITE, BLACK, AMERICAN IND. AL. ETC.) (SPECIFY) BLACK | |
| | 15. FATHER—NAME FIRST MIDDLE LAST FRED ANTONIOS | | 16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST OLIVIA OWENS | | |
| | 17a. INFORMANT'S NAME (TYPE OR PRINT) MACK GRANT | | 17b. RELATIONSHIP HUSBAND | 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 8352 S. ELLIS CHICAGO, IL #101 | |
| | 18. PART I. Enter the diseases, 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. Immediate Cause (Final disease or condition resulting in death) → (a) POSTERIOR FOSSA HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) BREAST CANCER—METASTATIC DUE TO, OR AS A CONSEQUENCE OF STATING THE UNDERLYING CAUSE LAST. (c) PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | | |
| 19a. AUTOPSY (YES/NO) NO | | 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) | | | |
| 20a. DATE OF OPERATION, IF ANY | | 20b. MAJOR FINDINGS OF OPERATION | | 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. (WHO DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 8/12 | | 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) Y | 21c. HOUR OF DEATH 4:10 PM | | |
| 22a. SIGNATURE <i>[Signature]</i> | | 22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) RAJAT PRAKASH, M.D., S.C. 217 W. 55th STREET CLARENDON HILLS, IL 60514 (630) 850-7522 | | 22c. DATE SIGNED (MONTH, DAY, YEAR) 08-16-07 | |
| 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) CLARENDON HILLS, IL 60514 (630) 850-7522 | | 22e. ILLINOIS LICENSE NUMBER 33607630 | | NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. | |
| 23. BURIAL/CREMATION, REMOVAL (SPECIFY) BURIAL | | 24a. CEMETERY OR CREMATORY—NAME MT. HOPE CEMETERY | 24b. LOCATION CITY OR TOWN STATE CHICAGO, IL | 24c. DATE (MONTH, DAY, YEAR) 8-18-07 | |
| 25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP GATLING'S CHAPEL INC, 10135 S HALSTED ST CHICAGO, IL 60628 | | 25b. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> | | | |
| 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 34012266 | | 25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 17 2007 | | | |
| 26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i> | | 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) AUG 17 2007 | | | |

UNOFFICIAL COPY

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

Property of Cook County Clerk's Office