# UNOFFICIAL COPY



Doc#: 1233116023 Fee: \$64.00 Eugene "Gene" Moore RHSP Fee:\$10.00

Cook County Recorder of Deeds Date: 11/26/2012 10:49 AM Pg: 1 of 3

#### JOINT TENANCY AFFIDAVIT

Lorraine Harris, hereinafter referred to as the affiant, states under oath that the affiant resides at 17161 S. Dobson Avenue, in the City of South Holland, Illinois; that the affiant was acquainted with Eddie Harris, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in, County, Illinois, and legally described as follows:

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

That (he	decedent died on January 11, 2002 , leaving no/a last will and testament;				
That the property	total value of decedent's estate, including the taxable interest in the above was \$150,000; and				
That the	value of the above property individually was \$				
The affia representatives INSURANCE attorney's fees a	affiant makes this a fidavit to induce ATTORNEYS' TITLE INSURANCE FUND, is policy of title insurance on the above described property. In thereby covenants and agrees for himself/herself/themselves, heirs, personal or assignees, to forever fully in lemnify, protect, defend and hold ATTORNEYS' TITLE FUND, INC., harmless and to reir iburde the Fund for all loss, costs, damages, suites, and expenses and every kind and nature which the fund may suffer, expend or incur by suance of said policy free and clear of the following objections:				
1,	Claims against the estate of Eddie Harris, the decedent;				
2.	Illinois State Inheritance Tax and Federal Tax which may be charges against the estate of said decedent;				
3. 4.	Legacies, if any, created by the will of said decedent; Rights to contribution.  Aname Hamiseal)				
STATE OF Illin	SS				
COUNTIUF	.vuk				
this 2 to 1 day of	Sworn to before me  Sworn to before me  All 1010  ary Public				

OFFICIAL SEAL CAROLYN JOHNSON NOTARY PUBLIC - STATE OF ILLI MY COMMISSION EXPIRES:04/05/16

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### **UNOFFICIAL COPY**

#### Schedule A

Property Located at:

17161 S. Dobson Avenue South Holland, Illinois 60473

PIN 20-25-106-019-0000

LOT 335 IN THE FIFTH ADDITION TO CATALINA, BEING A SUBDIVISION OF PART OF THE NORTH WEST QUARTER OF SECTION 26, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

## HARVEY, ILLINOIS DISTRICT 16.34

	DISTRICT NO. 1613	41	STATE OF ILLINOIS		STATE FILE		
	REGISTERED NUMBER	MEDICAL	CERTIFICATE OF	DEATH	NUMBER		
Type or Print In PERMANENT INK	DECEASED-NAME	FIRST MIDDLE	LAST SEX	DATEGEDI	EATH (MONTH, DAY, YEAR)		
See Funeral Directors, Hospital, or Physicians	1.	EDDIE	HARRIS 2.MA				
Handbook for	COUNTY OF DEATH	AGE-LAST	LINDER I VEAR LINDER COLUMN	ATE OF BIRTH (MONTH,	ary 11, 2002		
INSTRUCTIONS	4. COOK	BIRTHDAY (	5b DAYS HOURS MIN.	. Annil O	1040		
	CITY, TOWN, TWP, OR ROAD DIS	TRICT NUMBER HOSPITAL OF	ROTHER INSTITUTION-NAME (IF NOT IN EITHER, GI	d. April 9 Vestreetandnimmern			
A	6a Harvey, Ill	INDOS ion Inc	rallo Unastra		OP/EMER. RM, INPATIENT (SPECIFY)		
DECEMSED	BIRTHPLACE (CITYAND STATE OF FOREIGN COUNTRY) MISSISSI	pp1 MARRIED, NEVERMARRIED, WIDOWED, DIVORCED (SPECIA	NAME OF SURVIVING SPOUSE (MAIDER	NAME (EWIFE)	6cInpatient		
	I TULLOU CITY	8a Married	1 1		WAS DECEASED EVER IN U.S ARMED FORCES? (YES/NO		
В	SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OF INDUSTRY	TINE	9.		
C	10.	11a Truck Driver	1 5	,,	ONLY HIGHEST GRADE COMPLETED)  Coilege (1-4ar5+)		
D	RESIDENCE (STREET AND NUMBER	) (	116 Transportation CITY, TOWN, TWP, OR ROAD DISTRICT NO.	12. 11 INSIDECITY	COLUMN		
E	17161 Dobson		зь South Holland	(YES/NO)	COUNTY		
	ST4 E ZIP	CODE BACE WHITE BLAC	CK AMERICAN OF HISPANIC ORIGINA ION	13c. Yes	13d. <u>COOK</u>		
	13e. IT inois	1. 60473 INDIAN, etc.) (SPECIF)	v)		PECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
DARCHIE	FATHER- AME FIRST	MIDDLE LAST	14b. X NO ☐ Y				
PARENTS	15. GEORGE	HARRIS		MODILE	(MAIDEN) LAST		
	INFORMANT'S N. ME IT FORPR	INT)	16.   HATT    RELATIONSHIP   MAILING ADDRESS	( <u>E</u>			
1	17a. Lorraine Harci		1		D., CITY OR TOWN, STATE, ZIP)		
2	18. PART I. Enter	thadisenses organolisations that	[176. WIFE [17c. 17161 Dot	<u>son, South Ho</u>	olland, Illinois 60473		
3	Immediate Cause (Final	c. heart failure. List only one cause	sed the death. Do not enter the mode of dying, such on each line.	as cardiac or respiratory	arrest, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
,	disease or condition	MUBCOLO	lial infarestion	$\wedge$			
,	resulting in death)	DUE O JP IS A CONSEQUENCE O					
***************************************	CONDITIONS, IF ANY	(b) (2) CUO	•				
CAUSE	WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	DUE TO, OR AS A CONSECUENCE O	F				
	STATING THE UNDERLYING CAUSE LAST.	(c)					
4		ntributing to death but not resulting in the indenty	in an an all a significant and				
5	· · · · · · · · · · · · · · · · · · ·	daily	my causa given in PAN( ).	AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)		
N	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERA/IC		19a. NC	}   19b.		
P	200			IF FEM	ALE, WAS THERE A PREGNANCY IN PAST		
(	((DID) DID NOT) ATTEND THE DEC	EASED \ (MONTH, DAY, YEAR)		20c.	YES NO		
	MANUFACT SAW HIM/HER ALIVE ON	DON 10-	WAS CORON EXAMINER N	JER OR MEDICAL HOTO OTTFIED? (YES/NO)	UROFDEATH		
	21a.	DE A SUPPLIE DE LA SUPPLIE DE	21b.	YES TESMO 210	: 10:40 P M		
	CD CICLIAN TO MIT KNOWLEDGE	DEATH OCCUPATION THE TIME, D	ATE AND PLACE AND DUE TO THE CAUSE(S) ST	FATED. DAT	FESIGNED (MONTH BAY YEAR)		
CERTIFIER	22a. SIGNATURE NAME AND ADDRESS OF CERTIFIE	,	50	227	lon-15-02		
	Dr. Peter No.	16240 Laure	T.	ILLI	NOIS LICENSE NUMBER		
l	NAME OF ATTENDING PHYSICIAN I	10240 LOUIS,	South Holland, IL 504	73  22°	736-073399		
		FOIHER THANCERTIFIER (TY	PE OR PRINT)	NOTI	E: IF ANINJURY WAS INVENTION THE		
>	23.			I DEAT	TH THE CORONER OR MEDICAL EXAMINER THE NOTIFIED.		
<b>!</b>	HEMOVAL (SPEC(FY)	METERY OF CREMATORY-NAME	LOCATION CITYORTON		DATE (MONTH, DAY, YEAR)		
	24a. Cremation   241	ь. Mount Glenwood Crem		ncis	24d January 21,2002		
DISPOSITION	STREET AND NUMBER OF R.F.D. CITY OR TOWN						
	25a McCullough Funeral & Cremation Services, 1621 E. Lincoln Highway Ford University 111 inches 60411						
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECT. SILLINOS LICENSE							
Ĺ	25b. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Milital		25c. 034-1			
	LOCAL REGISTRAR'S SIGNATURE	4 11	10		GISTRAR (MONTH, DAY, YEAR)		
	26a. ►	Mendo you	L. Clavia	26b. JAN 1	7 2002		
	VR200 (Rev. 5/89)	Illinois Desarment of Pul	blic Health—Division of Vital Records	EUD. (77110 .)			

### CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

DATE ISSUED

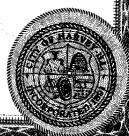
D12532

JAN 1 7 2002

ISSUED AT:

CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.



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