

UNOFFICIAL COPY



Doc#: 1234646029 Fee: \$42.00
Karen A. Yarbrough RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/11/2012 10:04 AM Pg: 1 of 3

Return/Mail To: NCS
5814 Lonetree Blvd.
Rocklin, CA 95765
888-958-8060

After Recording Return to:
MARY PAYTON
3613 WILCOX AVENUE
BELLWOOD, IL 60104

This instrument was prepared
under the supervision of:
NANCY PHELPS

2301-64110

This space for recording information only

3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

COUNTY OF COOK)

BEFORE ME, the undersigned Notary Public, personally appeared MARY PAYTON, of legal age, as the sole surviving tenant, "Affiant", who upon being duly sworn, deposes and states upon his oath and affirmation, the following:

1. My Name is MARY PAYTON and I reside at 3613 WILCOX AVENUE BELLWOOD, IL 60104
2. I owned real property as a joint tenant with TALMADGE PAYTON my spouse, who, at the time of his/her demise, was one of the owners of such real property located in COOK County, State of Illinois, described as follows:

THE EAST 40 FEET OF LOT 6 IN BLOCK 3 IN O'CONNOR'S ADDITION TO BELLWOOD, A SUBDIVISION OF THE NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property ID: 15-16-105-018-0000
Property Address: 3613 WILCOX AVENUE, BELLWOOD, IL 60104

The legal description was obtained from a previously recorded instrument.

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3. TALMADGE PAYTON, my joint tenant and deceased spouse, departed this life on 03/04/2005, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

4. **That the deceased died (you must make a choice)**
Leaving no Last Will & Testament
Leaving a Last Will & Testament a copy of which is attached hereto.
Leaving a Last Will & Testament which was filed in the Unproven Will Box of
The Probate Division of Circuit Court of _____ County, Illinois, on or about
____/____/____.

That the TOTAL VALUE of the estate of the deceased, including both real and person 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 _____ Dollars (\$ _____).

5. Affiant is the sole surviving joint tenant of the property described herein.

Dated this 25 day of July, 2012.

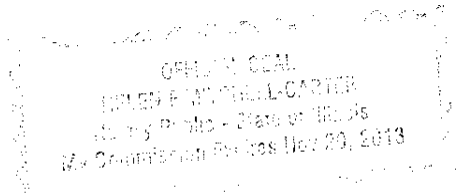
Mary Payton
MARY PAYTON

STATE OF ILLINOIS)
COUNTY OF COOK)

I, Heley F. Mitchell-Carter, a Notary Public in and for said County and State aforesaid, DOES HEREBY CERTIFY that Mary Payton, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that he signed, sealed and delivered the said instrument as his free and voluntary act, for the uses and purposes therein set forth.

Given under my and official seal this 25 day of July, 2012.

Heley F. Mitchell-Carter
Notary Public My commission expires:



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STATE OF ILLINOIS
County of Cook

DAVID ORR, COUNTY CLERK

JULY 13, 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 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

Property of
County of Cook

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>1692</u>	STATE OF ILLINOIS		STATE LICENSE NUMBER
		REGISTERED NUMBER <u>335</u>	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST TALMADGE PAYTON		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. MARCH 4, 2005
A DECEASED		COUNTY OF DEATH 4. Cook	AGE-LAST BIRTHDAY (YRS) 5a. 82	UNDER 1 YEAR WKS. DAYS HOURS MIN. 5b.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. March 7, 1922
B		CITY, TOWNSHIP, OR ROAD DISTRICT NUMBER 6a. Proviso Township	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. Loyola Hospital		IF HOSP. OR INST. INDICATE D.O.A. OP-EMER. RM. INPATIENT (SPECIFY) 6c. Emer Room
C		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Helena, AR	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Mary Dunn	
D		SOCIAL SECURITY NUMBER 10. 2373	USUAL OCCUPATION 11a. Retired	KIND OF BUSINESS OR INDUSTRY 11b. of America	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary Secondary 8-12 College 1-4 or 5+ 12. 8th
E		RESIDENCE (STREET AND NUMBER) 13a. 3613 W. Wilcox	CITY, TOWNSHIP, OR ROAD DISTRICT NO. 13b. Bellwood	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
PARENTS		STATE 13e. Illinois	ZIP CODE 13f. 60104	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black	OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO
1		FATHER-NAME FIRST MIDDLE LAST 15. Aaron Payton	MOTHER-NAME FIRST MIDDLE LAST 16. Georgia McDonald		
2		INFORMANT'S NAME (TYPE OR PRINT) 17a. LEON GILMORE	RELATIONSHIP TO DECEASED 17b. Hospital	MAILING ADDRESS (STREET AND NO. OR R.F.D. CITY OR TOWN, STATE, ZIP) 17c. 2160 S. First Ave., Maywood, Ill. 60153	
3		18. PART I. Enter the disease, or complications that caused the death, or of other, the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.			
CAUSE		IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) MYOCARDIAL INFARCTION			
4		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) HYPERTENSION			
5		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
N		DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) 19a. NO
P		DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19b. NO
CERTIFIER		DATE OF OPERATION, IF ANY 20a. FEBRUARY 23, 2005	MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO
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