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12-132115

DECEASED JOINT TENANCY AFFIDAVIT



State of Illinois)
) SS.
County of Cook)

Doc#: 1301510052 Fee: \$64.00
Karen A. Yarbrough RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/15/2013 11:04 AM Pg: 1 of 3

JAMES Wells hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 3144 S. Shields, Chicago IL. That Affiant(s) was acquainted with ANN Wells, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as: 3144 S. SHIELDS, CHICAGO, IL.

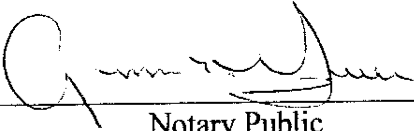
That the Deceased died on 8/23/2012, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant ~~and that the Deceased died leaving no last will & testament.~~ N/A

That the total value of the estate of the Deceased, for estate tax purposes, ~~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 \$299,000.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

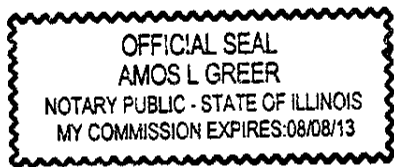
Subscribed and sworn before me
this 26th day of November 2012.



Notary Public

James J. Wells

Affiant's Signature



S N
P 3
S N
M N
SC Y
E Y
INT Y

FAXED w/ copy Death Cert - mm

CERTIFICATION OF DEATH RECORD**UNOFFICIAL COPY**

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NL 12 0063602

DATE ISSUED 8/28/2012

DECEDENT'S LEGAL NAME ANN WELLS			SEX FEMALE	DATE OF DEATH AUGUST 23, 2012	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 88 YEARS	DATE OF BIRTH AUGUST 07, 1924		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 3144 SOUTH SHIELDS AVENUE			
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 360-14-6564	STATUS AT TIME OF DEATH WIDOWED		MOTHER/CO-PARENT'S MAIDEN NAME MARY ANTICH	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 3144 SOUTH SHIELDS AVENUE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60616	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN SRSICH	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARY ANTICH	
INFORMANT'S NAME JAMES WELLS		RELATIONSHIP SON	MAILING ADDRESS 3144 SOUTH SHIELDS AVENUE, CHICAGO, IL, 60616		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION SAINT MARY CATHOLIC CEMETERY		LOCATION - CITY OR TOWN AND STATE EVERGREEN PARK, IL	DATE OF DISPOSITION AUGUST 25, 2012	
FUNERAL HOME DALCAMO FUNERAL HOME, 470 WEST 26TH STREET, CHICAGO, IL, 60616					
FUNERAL DIRECTOR'S NAME BERNARD M DALCAMO			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010588		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 28, 2012		
CAUSE OF DEATH					
PART I. CEREBRAL DEGENERATION/DEMENCIA					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
a. _____ Due to (or as a consequence of):					
b. VASCULAR DEMENTIA					
c. HYPERTENSION					
Due to (or as a consequence of):					
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.					
				WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE					
MANNER OF DEATH NATURAL					
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?	
LOCATION OF INJURY					
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED	TIME OF DEATH 05:08 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 24, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. DIEGO REMOLINA, 1340 SOUTH DAMEN, CHICAGO, ILLINOIS, 60603				PHYSICIAN'S LICENSE NUMBER 036-122050	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

David Orr
David Orr
Cook County Clerk



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EXHIBIT A:

LEGAL DESCRIPTION:

**LOT 33 IN BLOCK 2 IN THE SUBDIVISION BY THE COMMISSIONER'S OF THE
CIRCUIT COURT OF BLOCK 4 IN THE CANAL TRUSTEES' SUBDIVISION OF
SECTION 33, TOWNSHIP 39 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL
MERIDIAN IN COOK COUNTY, ILLINOIS**

P.I.N.:
17-33-200-014-0030

C.K.A.: 3144 S. SHEILDS AVE., CHICAGO, IL 60616

Return To:



Plymouth Title
GUARANTY CORPORATION

1301 W. 22nd Street, Ste. 505
Oak Brook, IL 60523

Property of Cook County Clerk's Office