



Doc#: 1307210041 Fee: \$42.00
Karen A. Yarbrough RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 03/13/2013 10:56 AM Pg: 1 of 3

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

M.I.S. FILE NO

1245512

State of Illinois)
) SS.
County of Cook)

Carol King, AKA Carol Kneeland hereinafter called Affiant(s) being duly sworn states that she resides at: 1505 W. 61st St., Chicago, IL 60536. That Affiant(s) was Married to Johnnie Kneeland, 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:

LOT 15 (EXCEPT THE EAST 6 FEET) AND THE EAST 12 FEET OF LOT 16 IN BLOCK 11, IN BELLEVILLE BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTH WEST 1/4 OF SECTION 17, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

APN: 20-17-317-048-0000 ✓

That the Deceased died on April 12, 2007, as evidenced by a copy of Deceased's death certificate attached hereto.

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

S yes
P 3
S N
M N
SC yes
E yes
INT out

UNOFFICIAL COPY

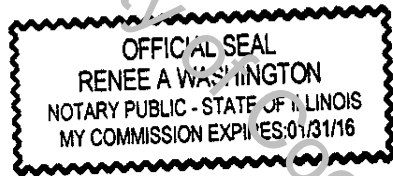
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of \$ _____.

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 20 day of February 20 13.

Renée A. Washington
Notary Public

Carol B. Kneeland
Affiant's Signature



Property
Cook County Clerk's Office

REGISTRATION DISTRICT NO. 18.10

STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 605188

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

APR 17 2007

TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.



LOCAL REGISTRAR

DECEASED-NAME JOHNIE FIRST MIDDLE LAST KNEELAND SEX Male DATE OF DEATH (MONTH DAY YEAR) April 12, 2007

COUNTY OF DEATH COOK CITY TOWN, TWP. OR ROAD DISTRICT NUMBER 111a LABORER

AGE LAST BIRTHDAY (YEAR MONTH DAY) 78 UNDER 1 YEAR 2 MONTHS 5 DAYS UNDER 1 DAY 12 HOURS 50 MIN DATE OF BIRTH (MONTH DAY YEAR) June 3, 1928

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Holt Cross Hospital IF HOUR OR NEXT INDICATE TIME OF DEATH (M, AM, PM) 9c 5:12 PM

MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) MARRIED NAME OF SURVIVING SPOUSE (MADE NAME, IF WIFE) Carol Thorne

BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY) Havana PRK 8a MARRIED KIND OF BUSINESS OR INDUSTRY City of Chicago

SOCIAL SECURITY NUMBER 431-48-9931 11a LABORER 11b City of Chicago

RESIDENCE (STREET AND NUMBER) 1505 W. 17th Street 13b CHICAGO 13c YES 13d COOK

RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) Black 14a MOTHER-NAME FIRST MIDDLE LAST Marie Thorne

FATHER NAME FIRST MIDDLE LAST KNEELAND 16 MOTHER-NAME FIRST MIDDLE LAST Marie Thorne

RELATIONSHIP 17b wife 17c 1505 W 17th St Chicago IL 60656

18 PART I 19a AUTOPSY (YES/NO) No 19b WERE AUTOPSY FINDINGS AVAILABLE FOR COMPLETION OF CAUSE OF DEATH (YES/NO) No

19c IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

20a MAJOR FINDINGS OF OPERATION HYPERTENSION

20b DATE OF OPERATION: IF ANY APR 12 2007

20c HOUR OF DEATH 4:16 04

21a DATE SIGNED APR 16 07

21b ILLINOIS LICENSE NUMBER 22036098524

22a NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) MADHULIKA SAXENA, M.D. 7903 SOUTH LOCKWOOD, BURBANK, ILLINOIS 60459

22b NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

23a BIRTHAL CREMATION REMOVAL (SPECIFY) 24b BEAR OAK CEMETERY OR CREMATORY-NAME 24c ALSP LOCATION 24d APR 12 2007 DATE

25a SIGNATURE OF FUNERAL DIRECTOR'S SIGNATURE

25b LOCAL REGISTRAR'S SIGNATURE

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