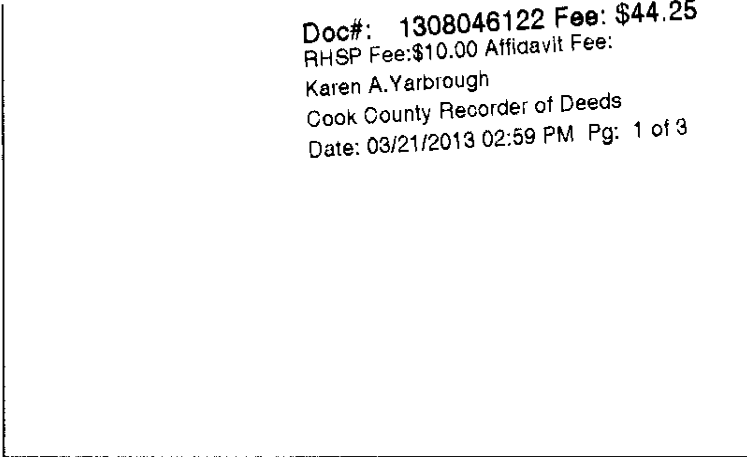


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Doc#: 1308046122 Fee: \$44.25
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/21/2013 02:59 PM Pg: 1 of 3



Property of Cook County Clerk's Office

AFFIDAVIT AS TO TENANTS BY THE ENTIRETIES

NIL-1192244
State of Illinois
County of Cook

)
ss.

Return
To NETCO.

733 Crown Industrial Court - A
Chesterfield, MO 63005

On this 12th day of February, 2013, Affiant MARGURITE MARTIN being duly sworn on oath swears that the following statements are true and are within the personal knowledge of Affiant:

Affiant MARGURITE MARTIN, is the owner of the following property:

LEGAL DESCRIPTION

LOT 19 IN RICHTON FALLS SUBDIVISION, A SUBDIVISION OF LOT 16 IN ARTHUR T. MCINTOSH AND COMPANY'S RICHTON PARK FARMS, A SUBDIVISION OF THE NORTH 70 ACRES OF THE SOUTHEAST 1/4 OF SECTION 27, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly known as: 22049 Jordan Lane, Richton Park, Illinois 60471

Property Tax ID: 31-27-402-039-0000

And that said property was formerly owned as tenants by the entireties, not as joint tenants or as tenants in common by WILLIAM H. MARTIN & MARGURITE MARTIN and

59. w

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that said: WILLIAM H. MARTIN died on November 24, 2007. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

IN WITNESS WHEREOF, Affiant MARGURITE MARTIN executed and caused these presents to be signed as of the day and year first above written.

Margurite Martin

MARGURITE MARTIN

State of Illinois)
) ss
County of Cook)

Subscribed and sworn to before me the day and year above written.

Patricia D. Amos

Notary Public Patricia D. Amos

My Commission Expires: 1-5-15



This instrument was prepared (without an examination of title) by: Patrick W. Walsh, P.C., 625 Plainfield Road, Suite 330, Willowbrook, IL 60527.

STATE OF ILLINOIS)
County of Cook)

UNOFFICIAL COPY

NOV 27 2007

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 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 NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
		1. William Henry Martin			2 Male		3. November 24, 2007		
		COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)		UNDER 1 YEAR		DATE OF BIRTH (MONTH, DAY, YEAR)	
		4. Cook		5a. 74		5b. 5c.		5d. September 18, 1933	
		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				IF HOSP. OR INST. INDICATE D.O. OPENER, RM. INPATIENT (SPECIFY)	
		6a. Richton Park		6b. 22049 Jordan Lane				6c.	
A		BIRTHPLACE (CITY AND STATE OF FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER ARMED FORCES? (YES)	
DECEASED		7. Chicago, IL		8a. Married		8b. Margurite Rayburn		9. Yes	
		SOCIAL SECURITY NUMBER		OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
B		10. [REDACTED]		11a. Detective		11b. Harvey Police Dept.		12. 12th	
C		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
D		13a. 22049 Jordan Lane		13b. Richton Park		13c. Yes		13d. Cook	
E		STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)	
		13e. Illinois		13f. 60471		14a. Black American		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
		FATHER - NAME FIRST MIDDLE LAST			MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST				
PARENTS		15. Opha Martin			16. Emma Bowers				
		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
1		17a. Margurite Martin		17b. Wife		17c. 22049 Jordan Lane, Richton Park, IL 60471			
2		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.							
3		Immediate Cause (Final disease or condition resulting in death)		(a) <i>Renal failure</i>				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
				(c) DUE TO, OR AS A CONSEQUENCE OF					
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
5		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES)	
N		20a.		20b.		19a. No		19b.	
P								IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
		I (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON				WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
		21a.				21b. NO		21c. 6:00a.m.	
		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED							
CERTIFIER		22a. SIGNATURE <i>S. Raghavendra</i>				22b. 11/26/07		DATE SIGNED (MONTH, DAY, YEAR)	
		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)				ILLINOIS LICENSE NUMBER			
		22c. Dr. S. Raghavendra 13811 So. Cicero Crestwood, IL. 60445				22d. 036-115471			
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)	
DISPOSITION		24a. Burial		24b. National Cemetery		24c. Elwood Illinois		24d. 11-30-2007	
		FUNERAL HOME NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE		ZIP	
		25a. W.W. Holt Funeral Home		175 West 159th Street		Harvey, Illinois		60426	
		FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
		25b. <i>W.W. Holt</i>				25c. 10992			
		LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
		26a. <i>David Orr</i>				26b. NOV 27 2007			