

4306 Lincoln Ave
Debris IL 60472

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Doc#: 1308847000 Fee: \$42.00
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/29/2013 11:57 AM Pg: 1 of 3

Deceased Joint Tenancy Affidavit

[Signature]
being duly sworn states that I resides at 4306 Lincoln Ave
in the City of Debris

That I was acquainted with [Signature] deceased who, at the time of
death, was one of the owners of the land in Cook County, Illinois, described as:

ATTACH LEGAL DESCRIPTION

That the deceased died 9-10-12, as evidenced by a certified copy of
death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

That the total value of the estate of the deceased, 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 \$5,000 dollars.

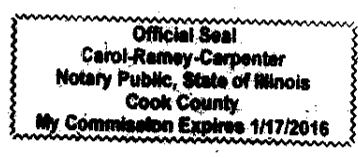
Affiant makes this affidavit for the purpose of transferring title for the above described real property from the deceased joint owner to the surviving joint tenant(s).

Subscribed and sworn to before me by the said

this 29 day of March, A.D. 19 2013

[Signature]
Notary Public

[Signature]
(Affiant's Signature)



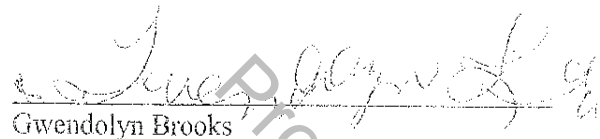
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SUBJECT TO:

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois,
TO HAVE AND TO HOLD said premises not as tenants in common, but as joint tenants forever.

Permanent Real Estate Index Number: 23-34-402-014-0000
Address of Real Estate: 4306 West Lincoln Lane, Robbins, Illinois 60472

Dated this 15th day of April, 2003.


Gwendolyn Brooks

Property of Cook County Clerk's Office

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BLUE ISLAND, ILLINOIS

DISTRICT 16.31

CITY OF BLUE ISLAND CITY CLERK'S OFFICE BLUE ISLAND, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0069213

DATE ISSUED 9/20/2012

DECEDENT'S LEGAL NAME GWENDOLYN LEE			SEX MALE	DATE OF DEATH SEPTEMBER 10, 2012
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH SEPTEMBER 26, 1936		
CITY OR TOWN BLUE ISLAND		HOSPITAL OR OTHER INSTITUTION NAME METRO SOUTH MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTH PLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 9428	STATUS AT TIME OF DEATH MARRIED BUT SEPARATED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WILLIE LEE SR	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4306 LINCOLN AVE	APT. NO.	CITY OR TOWN ROBBINS	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60472	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CLARENCE REED	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HELEN NEWTON
INFORMANT'S NAME WILLIE LEE		RELATIONSHIP SON	MAILING ADDRESS 3465 GOLFVIEW DRIVE, ALSIP, IL, 60803	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHICAGO BURR OAK CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION SEPTEMBER 15, 2012	
FUNERAL HOME W W HOLT FUNERAL HOME, 175 W 15TH STREET, HARVEY, IL, 60426				
FUNERAL DIRECTOR'S NAME WILLIAM WALTER HOLT			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010992	
LOCAL REGISTRAR'S NAME PAM FRASOR			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 18, 2012	
CAUSE OF DEATH PART I: FAILURE TO THRIVE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. END STAGE RENAL DISEASE Due to (or as a consequence of):				
c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (or as a consequence of):				MONTHS
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				YEARS
				YEARS
			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? YES	DATE LAST SEEN ALIVE SEPTEMBER 06, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 01:34 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 12, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JAMES THEODORE, 2310 YORK STREET, BLUE ISLAND, ILLINOIS, 60406			PHYSICIAN'S LICENSE NUMBER 036039906	

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.

D31746

DATE ISSUED

SEP 20 2012

ISSUED AT

13051 GREENWOOD AVE.
BLUE ISLAND, ILLINOIS 60406

Pam Frason
LOCAL REGISTRAR

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