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CHICAGO TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT



1312913037

Doc#: 1312913037 Fee: \$42.00
RHSP Fee: \$10.00 Affidavit Fee:
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/09/2013 09:56 AM Pg: 1 of 3

Property of Cook County Clerk's Office

State of Illinois)
County of Cook) ss.

Order No. _____

_____ EDNA J. O'NEAL _____ being duly sworn
states that she resides at 6550 S. Stewart in the City of Chicago, Illinois.

That she was acquainted with _____ EDGAR SPELL,
deceased who, at the time of his death, was one of the owners of the land in
Cook County, Illinois, described as:

LOT 5 IN WILLIAM D. ROWELY'S SUBDIVISION, BEING A RESUBDIVISION OF THE EAST 158 FEET OF THE
SOUTH 270 FEET OF THE SOUTH 1/2 OF BLOCK 11 IN LINDEN GROVE, SAID LINDEN GROVE BEING A
SUBDIVISION OF THE NORTHWEST 35 ACRES AND THE SOUTH 90 ACRES OF THE NORTHWEST 1/4 OF
SECTION 21, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

P.I.N. - 20-21-122-017-000

That the deceased died July 1, 2006, 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 the 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
_____.

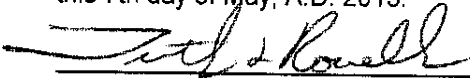
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either
individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \$50,000.00 dollars.

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Subscribed and sworn to before me by the said

EDNA J. O'NEAL

this 7th day of May, A.D. 2013.



Notary Public



(affiant's signature)



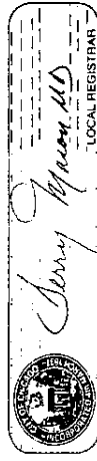
Property of Cook County Clerk's Office

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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 05 2006



THIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.

MEDICAL CERTIFICATE OF DEATH

NUMBER: 609172

REGISTERED NUMBER	DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
	1. <u>Edgar</u>				<u>Spell</u>	2. <u>MALE</u>	3. <u>July 1, 2006</u>
COUNTY OF DEATH	AGE LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	HOURS	MIN	DATE OF BIRTH (MONTH, DAY, YEAR)	
4. <u>COOK</u>	5a. <u>88</u>	5b. <u>08</u>	5c. <u>00</u>	5d. <u>AUGUST 7, 1917</u>			
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	6b. <u>MERCY HOSPITAL</u>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
6a. <u>CHICAGO</u>							
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	8a. <u>MARRIED</u>						
7. <u>FLORENCE, MS</u>	8b. <u>MYRTLE THOMPSON</u>						
SOCIAL SECURITY NUMBER	11a. <u>PAINTER</u>						
10. <u>[REDACTED]</u>	11b. <u>PAINTING CO.</u>						
RESIDENCE (STREET AND NUMBER)	CITY, TOWN, TWP, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY				
13a. <u>6550 SOUTH STEWARD</u>	13b. <u>CHICAGO</u>	13c. <u>YES</u>	13d. <u>COOK</u>				
STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	14. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: <u>PROSTATE</u>					
13e. <u>ILLINOIS</u>	14a. <u>BLACK</u>						
FATHER-NAME FIRST MIDDLE LAST	MOTHER-NAME FIRST MIDDLE LAST						
15. <u>HUGH SPELL</u>	16. <u>MYLIE</u>						
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, ST, TE, ZIP)					
17a. <u>EDNA O'NEAL</u>	17b. <u>DAUGHTER</u>	17c. <u>17951 SOUTH JEFFERY CHICAGO, IL 60617</u>					
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.							
Immediate Cause (Final disease or condition resulting in death)							
(a) <u>END STAGE CARCINOMA OF PROSTATE</u>							
(b) <u>DO NOT ENTER</u>							
(c) <u>DO NOT ENTER</u>							
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 19b. YES <input type="checkbox"/> NO <input type="checkbox"/>					
20a. <u>7-1-06</u>	20b. <u>Hospice</u>	19a. NO					
(10) DID NOT ATTEND THE DECEASED AND CAST SAW HIM/her ALIVE ON	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	21c. <u>5:20P M.</u>					
21a. <u>7-1-06</u>	21b. <u>NO</u>	21d. <u>7-2-06</u>					
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.							
22a. SIGNATURE	22b. <u>7-2-06</u>						
<u>Seshan Subramanian</u>	ILLINOIS LICENSE NUMBER						
22c. <u>Seshan Subramanian CHICAGO, IL 60616</u>	22d. <u>036-041610</u>						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)							
24a. <u>BURIAL</u>	CEMETERY OR CREMATORY-NAME	CITY OR TOWN	STATE	DATE	MONTH, DAY, YEAR		
	24b. <u>MT. HOPE CEMETERY</u>	24c. <u>CHICAGO, ILLINOIS</u>	24d. <u>24 JULY 6, 2006</u>				
25a. CALAHAN FUNERAL HOME 7030 SOUTH HALSTED STREET CHICAGO, ILLINOIS 60621							
FUNERAL DIRECTOR'S SIGNATURE							
25b. <u>[Signature]</u>							
FUNERAL REGISTRAR'S SIGNATURE							
26a. <u>[Signature]</u>							
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
26b. <u>JUL 05 2006</u>							