

# UNOFFICIAL COPY

## FIDELITY NATIONAL TITLE INSURANCE COMPANY

### DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number: 052011422

County of Cook

Brad R. Adams being duly sworn states that he/she resides at 6435 W 92<sup>nd</sup> Street Oak Lawn IL 60453

That he/she was acquainted with Beverly F Adams, deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on 4/9/07 as evidenced by a certified copy of the death certificate of said deceased attached hereto.

That the deceased:

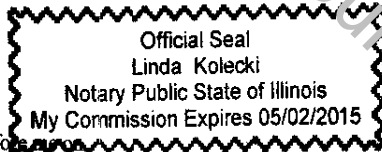
Leaving no Last Will & Testament

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 on or 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 \$

\$ 600.00 Brad R. Adams.



SUBSCRIBED and SWORN to before me on

APR 3 2013

(SEAL) Linda Krolecki

Notary Public



1313546070

Doc#: 1313546070 Fee: \$66.25  
RHSP Fee: \$10.00 Affidavit Fee:  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/15/2013 03:23 PM Pg: 1 of 3

FIDELITY NATIONAL TITLE 52011422

1 of 2

3P

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## LEGAL DESCRIPTION RIDER

For the premises commonly known as: 6435 W 92nd Street Oak Lawn IL 60453

Permanent Index Number(s): 24-06-415-055-0000

Legal Description:

LOT 1 IN ANDERSEN BUILDER'S RESUBDIVISION OF PART OF LOT 1  
IN BLOCK 6 IN ARTHUR T. MCINTOSH AND COMPANY'S RIDGELAND  
UNIT NO. 2 BEING A SUBDIVISION IN THE NORTH HALF OF THE  
SOUTH EAST QUARTER OF SECTION 6, TOWNSHIP 37 NORTH, RANGE  
13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,  
ILLINOIS.

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE OF ILLINOIS  
County of Cook)

DAVID ORR, County Clerk

APR 11 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 a 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

DECEASED'S BIRTH NO. \_\_\_\_\_  
 REGISTRATION DISTRICT NO. **16.0**  
 REGISTERED NUMBER \_\_\_\_\_  
 STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**  
 STATE FILE NUMBER \_\_\_\_\_

Type or Print in PERMANENT INK See Funeral Directors, Hospital or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME: **BEVERLY F. ADAMS**  
 COUNTY OF DEATH: **COOK**  
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **OAK LAWN**  
 AGE-LAST BIRTHDAY (YRS) MO. DAY: **60 60**  
 SEX: **F.**  
 DATE OF BIRTH (MONTH, DAY, YEAR): **NOVEMBER 17, 1946**  
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER CITY, TOWN, TWP. OR ROAD DISTRICT NO.): **6435 W. 92ND STREET**  
 IF DECEASED EVER IN U.S. ARMY OR NAVY (SPECIFY): **NO**  
 IF DECEASED EVER IN U.S. AIR FORCE (SPECIFY): **NO**  
 IF DECEASED EVER IN U.S. MARINE CORPS (SPECIFY): **NO**  
 IF DECEASED EVER IN U.S. COAST GUARD (SPECIFY): **NO**  
 IF DECEASED EVER IN U.S. AIR FORCE (SPECIFY): **NO**  
 IF DECEASED EVER IN U.S. MARINE CORPS (SPECIFY): **NO**

1. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **OAK LAWN, ILL.**  
 2. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**  
 3. SOCIAL SECURITY NUMBER: **10. 350-38-0403**  
 4. USUAL OCCUPATION: **MANAGER**  
 5. RESIDENCE (STREET AND NUMBER): **13a. 6435 W. 92ND STREET**  
 6. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **OAK LAWN**  
 7. ZIP CODE: **60453**  
 8. RACE (WHITE, BLACK, AMERICAN INDIAN, ASIAN, PACIFIC ISLANDER, OTHER): **WHITE**  
 9. OF HISPANIC ORIGIN? (SPECIFY IN SPANISH OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.): **NO**  
 10. FATHER-NAME FIRST MIDDLE LAST: **ARTHUR J. SMELTON**  
 11. MOTHER-NAME FIRST MIDDLE LAST: **VELMA GOUBREAU**  
 12. RELATIONSHIP: **HUSBAND**  
 13. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP CODE): **17c. 6435 W. 92ND STREET OAK LAWN, IL.**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **Lung Cancer - Small Cell**  
 19. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(a) DUE TO OR AS A CONSEQUENCE OF**  
 20. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

21a. DATE OF OPERATION, IF ANY: \_\_\_\_\_  
 21b. MAJOR FINDINGS OF OPERATION: \_\_\_\_\_  
 21c. (MONTH, DAY, YEAR) **FEB 23, 2007**  
 21d. WAS GONORER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **NO**  
 21e. HOUR OF DEATH: **9:45 P. M.**  
 21f. DATE SIGNED (MONTH, DAY, YEAR) **APR 10, 2007**  
 21g. ILLINOIS LICENSE NUMBER: **036094203**  
 21h. NOTE: IF ANIMAL WAS INVOLVED IN THIS DEATH THE CONSUMER OR MEDICAL EXAMINER MUST BE NOTIFIED.

22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): **JOSEPH A KOWALCZYK, MD 4340 W. 95th St OAK LAWN**  
 22b. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): \_\_\_\_\_  
 23. BURIAL, CREMATION, REMOVAL (SPECIFY): **TRISONS CREMATORY**  
 24a. CEMETERY OR CREMATORY-NAME: **TRISONS CREMATORY**  
 24b. STREET AND NUMBER OR R.F.D.: **LOMBARD**  
 24c. CITY OR TOWN: **ILLINOIS**  
 24d. STATE: **ILLINOIS**  
 24e. DATE (MONTH, DAY, YEAR): **APRIL 11, 2007**

25a. FUNERAL DIRECTOR'S SIGNATURE: *David Orr*  
 25b. LOCAL REGISTRAR'S SIGNATURE: *David Orr*  
 25c. DATE FILED BY LOCAL REGISTRAR: **APR 11 2007**  
 25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-011257**  
 25e. DATE OF EXPIRATION OF ILLINOIS LICENSE NUMBER: **APR 11 2007**

26a. DISPOSITION: \_\_\_\_\_  
 26b. FUNERAL HOME: \_\_\_\_\_  
 26c. CITY OR TOWN: \_\_\_\_\_  
 26d. STATE: \_\_\_\_\_  
 26e. ZIP: \_\_\_\_\_