## **UNOFFICIAL COPY**

DECEASED JOINT TENANCY AFFIDAVIT AND AFFIDAVIT OF HEIRSHIP

STATE OF ILLINOIS)

COUNTY OF COOK

)



Doc#: 1316357506 Fee: \$44.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds Date: 06/12/2013 10:49 AM Pg: 1 of 4

KAREN PATTERSON, being duly sworn states that she resides at 3638 Sunset Ave., Markham, IL 60428.

That she was acquainted with MELVIN A. PATTERSON, JR. and ALICE PATTERSON, deceased, who at the time of their death was one of the owners of land in Cook County located at 3638 Sunset Ave., Markham, Illinois, held in joint tenancy with right of survivorship by the two persons and legally described as:

LOT 7 IN BLOCK 1 IN ARTHUR T. MCINTOSH AND COMPANY'S SOUTH TOWN MANOR, BEING A SUBDIVISION IN THE NORTHWEST FRACTIONAL QUARTER SOUTH OF THE INDIAN BOUNDARY LINE OF SECTION 23, TOWNSHIP 36 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N.: 28-23-115-010-0000

That the deceased Melvin A. Patterson, cr. died October 6, 2002, as evidenced by a copy of the death certificate attached hereto. That the deceased Alice Patterson died April 30, 2008, also evidenced by a copy of the death certificate attached.

That the deceased Melvin A. Patterson died leaving no Last Will and Testament;

That the deceased Alice Patterson died leaving a Last Will and Testament, which has been filed with the Clerk of the Probate Court of Cook County, and a copy of which is attached.

That pursuant to that Will, the affiant, Karen Patterson, daughter of Melvin A. Patterson, Jr. and Alice Patterson, is the sole heir of Alice Patterson.

## **UNOFFICIAL COPY**

Therefore, pursuant to the surviving joint tenancy of Alice Patterson and the sole heirship of Karen Patterson, ownership of said real property described above is in Karen Patterson.

Affiant makes this affidavit for the purpose of clearing title to the above property.

Further affiant sayeth not.

(Sea

Karen Patterson, affiant

Sate of Illinois)
County of Cook ) s:

On this 10th day of June, 2013, Karen Patterson, personally known to me, appeared before me and signed the above affidavit as her free and lawful act, for the purposes stated.

Notary Public

"OFFICIAL SEAL"
RONALD D. BABB
Notary Public, Illinois
COOK COUNTY
Com, nission Expires Dec. 20, 2015



HARVEY, ILLINOIS
DISTRICT 16.34

REGISTRATION DISTRICT NO. 16 30	
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DECEDENT'S BIRTH NO.

STATE OF ILLINOIS

STATE FILE NUMBER

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	KAREN PATTERS			DAUGHTI							60426	
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	23.	)						<u> </u>	J-HIST	BENOTIFIE		
	BURIAL, CREMATION, REMOVAL (SPECIFY)	EMETERY OR CRE	MATORY-NAME	ļ.	CATION	CHYOR	TOWN	STATE		DAT	TE (MON1H, D	MY YEAHI
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	26a. VR200 (Bay 5/89)	//	ois Department of	Public Health-Dis	ision of Vital Re	ecords			;BA	SED CN 196	OU S.STANDARD	CERTIFICATE
	VR200 (Rev. 5/89)	C 1889	ore mehariment or									

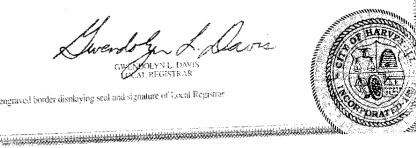
## CERTIFIED COPY OF VITAL RECORDS

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

DATE ISSUED

ISSUED AT:

CITY OF HARVEY & 2002 15320 SO, BROADWAY AVE ILLINOIS 60426



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

CARLES CONTRACTOR OF THE PARTY STATE OF ILLUNCIA CERTIFICATE OF DEATH REGISTRATION DISTRICT NO. STATE FILE NUMBER 3. DATE OF DEATH (Month/Day/Year) (Spell Month) LOCAL FILE 2. SEX NUMBER 1, DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Widdle, Last) April 30,2008 Female 5. DATE OF BIRTH (Month/Day/Year) Alice Patterson 5c. UNDER 1 5a, AGE AT LAST BIRTHDAY (Years) 5b. UNDER 1 YEAR Minutes March 14,1935 Hours 4. COUNTY OF DEATH 7b. HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and number) 73 Cook Ingalls Memorial Hospital 7a. CITY OR TOWN Harvey 7c. PLACE OF DEATH (Check only one: see instructions) IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL □ Decedent's home Other (Specify) IF DEATH OCCURRED IN A HOSPITAL 11. SURVIVING SPOUSE'S NAME
(If wife, give full name prior to first-marriage) 12, EVER IN U.S. ARMED FORCES? Dead on Arrival ☐ Emergency Room/Outpatient 8. SOCIAL SECURITY NUMBER 10. MARITAL STATUS AT TIME OF DEATH Married Dut separated 🔀 Widowed 8. BIRTHPLACE 🗋 Yes 🔀 No (City and State or Foreign Country) None Unknown ☐ Never Married Divorced 13d. INSIDE CITY LIMITS? Harvey, Illinois 13c. CITY OR TOWN ⊠ Yes 🗋 No 13b. APT. NO. 13a, RESIDENCE (Street and Number) Markham 15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) 3638 Sunset Ave. 4. FATHER'S NAME (First, Middle, Last) 13g, ZIP CODE Anna Tymoc 13r. STATE 13e. COUNTY John Komafel 16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) 60428 łL. Cook 16b. RELATIONSHIP 3638 Sunset Ave. Markham, Illinois 60428 162 INFORMANTS NAME 20. DATE OF DISPOSITION (Month/Day/Ye Daughter 19. LOCATION - CITY, TOWN AND STATE Karen L. Pattersor 18. PLACE OF DISPOSITION (Name of cemetary, crematory, other) 17, METHOD OF DISPOSITION Bi ial muy 5, 2008 Romeoville, Illinois ☑ Cremation ☐ Donation ☐ ant .... Forest Crematory ZIP STATE Other (Specify): CITY OR TOWN STREET AND NUMBER 60523 Illinois 21a. FUNERAL HOME Oak Brook 1415 W.22nd. Street Tower Floor 21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER Illinois Cremațion Direct 21b. FUNERAL DIRECTOR'S SIGNATURE 034-011165 rr of Vital 23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) MAY 05 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH See instructions and examples)

24. PART I. Enter the the third of events - diseases, injuries or complications in a standard disease, Parkinson's Disease, or Parkinson respiratory arrest or ventricular fibriliation without showing etiology, the standard disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Entationly one cause on a line. Add additional lines if necessary. Months una Cancer IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any leading to the cause listed on line a. Enter the UNDERLYING CAUSE Due to (c as a con equence of): (disease or injury that initiated the Due to (or as a c insequence of): 25. WAS AN AUTOPSY PERFORMED? Yes 💆 No events resulting in death) LAST PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause giv in PART I. 26, WERE AUTOPSY FINDINGS USED TO ☐ Yes ☐ No COMPLETE CAUSE OF DEATH? 29. MANNER OF DEATH ☐ Could not be determined ☐ Pending Investigation Natural Suicide
Accident Homicide 27. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes Probably 33. INJURY AT WORK? 32. PLACE OF INJURY (e.g. Decedent's hom, construction site; restaurant; wooded area) T Yes. 31. TIME OF INJURY 30, DATE OF INJURY (Month/Day/Year) □AM. □PM. ZIP Code Apartment Number 34, LOCATION OF INJURY Street and Number 36. IF TRANSPOF IATION INJURY, SPECIFY: ☐ Driver/Operator re 'estrian
Ther (Specify) 35. DESCRIBE HOW INJURY OCCURRED: Passenger 10. TIME OF DEATH 39. DATE PRONOUNCED (Month/Day/Year) 38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? ☐ Yes 图 No

This is to certify that this is a true and correct copy of the official death record filed with the filinois Department of Public Fraight

04/30/08

46. SIGNATURE OF CERTIFIER

08:40 □ AM. SIPM.

43. PHYSICIAN'S LI ENSI NUMBER

036,047581

Janey L. Clark

Will to the training to

MΩ

37. I (DID) (DID NOT) ATTEND THE DECEASED (MONB/Day/Year) AND LAST SAW HIMMER ALIVE ON O

41. CERTIFIER (Check only one)

44. TITLE OF CERTIFIER

Mark Kozloff

Physician in charge of batter's care. To the best of my knowledge, death occurred due to the cause(s) and manner stated

42 NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Nom 24) Harvey IL 60406
Wark Kozloff 71 W 15676St Juite 401 Harvey IL 60406

☐ Physician in attendance at time of death only. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.

☐ Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and m

45. DATE CERTIFIED/(Month/Day)