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JOINT TENANCY AFFIDAVIT

Prepared By & Return To:
Lynn M. Hickey
Hutchison, Anders & Hickey
16860 South Oak Park Avenue
Tinley Park, IL 60477

Doc#: 1317846144 Fee: \$40.00
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 06/27/2013 02:06 PM Pg: 1 of 2

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Maurice E. King, hereby referred to as the affiant, states under oath that the affiant resides at 531 Dow Ross Blvd, Duncanville, TX 75116; that the affiant was acquainted with **Virginia L. King, Decedent**, at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a properly recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois, and legally described as follows:

Lot 318 in Hazelcrest Highlands Third Addition, a subdivision of part of the Southwest ¼ of the Northeast ¼ and part of the West ½ of the Southeast ¼ of Section 26, Township 36 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Index Number(s): 28-26-403-003-0000

Property Address: 17102 Elm Dr., Hazel Crest, IL 60429

The decedent died on December 4, 2005, leaving no last Will and Testament;

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The total value of decedent's estate, including the taxable interest in the above property, is \$75,000.00, and that the value of the above property individually is \$75,000.00;

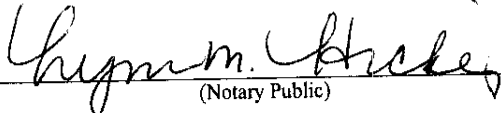
The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce Attorneys' Title Guaranty Fund, Inc. (ATG) to issue its policy of title insurance on the above described property.


MAURICE E. KING

Subscribed and sworn to before me this

26 day of June, 2013
(Month) (Year)


(Notary Public)

My commission expires: 12/14/16



STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY DAVID ORR, County Clerk DEC 07 2005

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

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. Virginia Lee King		2. Female		3. December 4, 2005				
	COUNTY OF DEATH		AGE—LAST BIRTHDAY (YRS)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)
	4. Cook		5a. 78		5b.		5c.		5d. November 26, 1927
	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.A. OP/EMER. RM, INPATIENT (SPECIFY)		
	6a. Hazel Crest		6b. South Suburban Hospital				6c. Inpatient		
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	7. Elberton, GA		8a. Married		8b. Scott King			9. No	
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
	10. [REDACTED]		11a. Financial Clerk		11b. Postal Service		12. 12th		College (1-4 or 5+) 2
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
13a. 17102 Elm Drive		13b. Hazel Crest		13c. Yes		13d. Cook			
STATE		ZIP CODE		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)			
13e. Illinois		13f. 60429		14a. Black American		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:			
PARENTS			FATHER—NAME FIRST MIDDLE LAST			MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			
			15. M. C. Eberhart			16. Fannie Jackson			
INFORMANT'S NAME (TYPE OR PRINT)			RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. Scott King			17b. Husband		17c. 17102 Elm Dr. Hazel Crest, IL 60429				
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.			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
Immediate Cause (Final disease or condition resulting in death)			(a) Cardiac Ischemia						
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			(b) Cardiomyopathy						
			(c) COPD						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			AUTOPSY (YES/NO)						
hypertension			19a. No						
DATE OF OPERATION, IF ANY			MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				
20a.			20b.		20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
(DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH				
21a. 12.2.2005			21b. No		21c. 5:30 a.m.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH, DAY, YEAR)		ILLINOIS LICENSE NUMBER				
22a. SIGNATURE <i>C. Curry MD</i>			22b. December 6, 2006		22d. 036-079441				
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
22c. Dr. C. Curry 3330 W. 177th St. Hazel Crest, Illinois									
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)			BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
23.			24a. Cremation		24b. Regional Crematory		24c. Munster Indiana		
FUNERAL HOME			NAME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE ZIP		
25a. W. W. Holt Funeral Home			175 W. 159th St.		Harvey		Illinois 60426		
FUNERAL DIRECTOR'S SIGNATURE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
25b. <i>W. W. Holt</i>			25c. 10992		26b. DEC 07 2005				
LOCAL REGISTRAR'S SIGNATURE									
26a. <i>David Orr</i>									