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STATE OF ILLINOIS)
COUNTY OF COOK)

Doc#: 1319834088 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 07/17/2013 03:14 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

Paul L. Williams, Affiant herene being first duly sworn, does hereby state as follows:

- 1. That he resides at 9346 S. Longwood Drive, Chicago, IL 60643.
- 2. That he is the son of Sarah Williams (deceased) who, at the time of her death, was an owner in joint tenancy of the real estate at 8651 S. St. Lawrence., Chicago, Illin is, 50619, which is located in Cook County, Illinois and described as follows:

THE NORTH ½ OF LOT 11 IN CHATHAM VILLAGE, FIRST ADDITION, BEING A SUBDIVISION OF THE WEST 1/8 (EXCEPT THE WEST 33 FET THEREOF) OF THE SOUTH ½ OF THE SOUTH ½ OF THE SOUTH EAST ½ OF THE SOUTHEAST ¼ OF SECTION 34, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COCK COUNTY, ILLINOIS.

Permanent Index Number(s): 20-34-415-033-0000

]	Permanent Index Number(s): 20-34-415-033-0000
3. That	the deceased died on August 7, 2012, as evidenced by a certified copy of the death certificate of said deceased
attached	
	the deceased died:
i	a. XX Leaving no Last Will & Testament.
1	Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will
<u>-</u>	has or has not been filed with the Clerk of the Probate Division of the Ciravit Court of Cook
(County, Illinois.
	Leaving a Last Will & Testament that was filed in the Unproven Will Box of the Probate Division of
1	the Circuit Court of Cook County, Illinois on or about
individu	total value of the estate of the deceased, including both real and personal property owned by the deceased either ally or in joint tenancy at the time of the death of the deceased, does not exceed the sum of ONE HUNDRED AND NO/100 (\$100,000.00) DOLLARS.
That Af	Fiant further sayeth naught.
	/ (L 2)
3au	I d. Mille
	Williams
	RIBED and SWORN to
before p	the on the th day/of, 2013. KIMBERLY A. SHAW
	Notary Public - State of litinois My Commission Expires Jun 21, 2014

H RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

ATE FILE NUMBER 2012 0059247						D	ATE ISSUED 8/13/201
DECEDENT'S LEGAL NAME SARAH WILLIAMS					SEX FEMALE	DATE OF DEA	
COUNTY OF DEATH		AT LAST BIRTHDAY		ATE OF BIRTH MARCH 10, 1925			
CITY OR TOWN CHICAGO			HOSPITAL OR OTI 8651 S ST L		NAME		
PLACE OF DEATH DECEDENT'S HOME							
BIRTHPLACE SOCI CHICAGO, IL	AL SECURITY NUMB	BER STATUS AT TIM WIDOWED		SURVIVING SPOU	SE/CIVIL UNION PAF	RTNER'S MAIDEN NA	ME EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8651S ST LAWRENCZ		APT. I		TY OR TOWN CHICAGO			INSIDE CITY LIMITS? YES
		FATHERICO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LAMBERT HAYES			MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION PHYLLIS COLEMAN		
NFORMANT'S NAME JOANN HARRIS	\mathcal{D}_{0}				LONGWOOD, CHICAGO, IL, 60643		
METHOD OF DISPOSITION BURIAL					- CITY OR TOWN AND STATE OOD, IL		OF DISPOSITION GUST 14, 2012
UNERAL HOME TAYLOR FUNERAL HOME LT	D, 63 E 791'H (s	TREFT, CHICAG	O, IL, 60619				
FUNERAL DIRECTOR'S NAME WILLIAM A TYLER		70			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010650		
OCAL REGISTRAR'S NAME DAVID ORR		0			DATE FILED WITH LOCAL REGISTRAR AUGUST 13, 2012		
CAUSE OF DEATH PART I. PA	NCREATIC CANC	ER	Z			úΙ	
IMMEDIATE CAUSE a. (Final disease or condition		Due to ((or as a phseque tice of):			APPROXIMATE INTERVAL BELIWEEN ONSET AND DEATH	UNKNOW
resulting in death) b.			0,			PPROY FRVAL E	
c		Due to ((or as a consequence	ウ _x 、		NO NO S	
		D. de		<u> </u>			
PART II. Enter other significant conditions	s contributing to de		(or as a consequence of): in the underlying cause	given in PAR II.	W	AS AN AUTOPSY	PERFORMED? NO
			·			ERE AUTOPSY F	INDINGS USED TO OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE						ANNER OF DEAT	Н
DATE OF INJURY	TIME C	OF INJURY	PLACE OF INJUR	Y			INJURY AT WORK?
LOCATION OF INJURY					:	1/2	
DESCRIBE HOW INJURY OCCURRED						IF TRANSE	PORTATION INJURY, SPECIFY
ATTEND THE DECEASED? DATE I		WAS MEDICAL EXAMINER OR DATE CORONER CONTACTED? YES				TIME OF DEATH 2:10 PM	
CERTIFIER PHYSICIAN						DATE CEF AUGU	RTIFIED JST 10, 2012
NAME, ADDRESS AND ZIP CODE OF PER			ON CHICAGO I	LLINOIS EORI	 D8		CIAN'S LICENSE NUMBER 6042220

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.



Cook County Clerk

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October Octobe

- * This backer copy is consequent in fail bleed microlest relief showing larger state soals, inspection under megnetic stores, and INDISTRACE FRENCHT, in microtext,
- Document is protocied with tactile holographic scals. Hold to light to very both
 - Left sear shows "IFFINOIS DEATH CERTIFICATE" with ractile laneal eye, criating seat
 - Pight seal states of CK-KEY-SAFE, the rangers and particle or active region with "D" and "D" after the appro-
- Inspect biassgraund with a magnification to verify the analysis of CARO (i.e., Carportum in pody of document.)
- Photocopying this document produces the electric Control of some one save

U.S. Security Parents (5.696-674) . . . 72.248 (5.4 % 664, 5.104-141 (c.3% 627) (6.665-406, 6.692,030 (2.196-874