



Doc#: 132116093 Fee: \$60.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 07/30/2013 03:52 PM Pg: 1 of 2



CHICAGO TITLE INSURANCE COMPANY

505 E. NORTH AVE., CAROL STREAM, IL 60188

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF } ss.

Linda C. Rogers
being duly sworn states that she resides at 9100 S Justine
in the City of Chicago, IL 60620.
That she was acquainted with Nathaniel Rogers deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

State of Illinois.

LOT 1 AND THE NORTH 8.47 FEET OF LOT 2 IN BLOCK 11 IN DAVIS AND SON'S SUBDIVISION OF
BLOCKS 11 AND 12 IN THE SUBDIVISION OF THAT PART WESTERLY OF THE RIGHT OF WAY OF THE
CHICAGO, ROCK ISLAND AND PACIFIC RAILROAD OF THE SOUTH 1/2 OF SECTION 5, TOWNSHIP 37
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

The Real Property or its address is commonly known as 9100 S JUSTINE, Chicago, IL 60620. The Real
Property tax identification number is 25-05-300-016

That the deceased died July 02, 2012, 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
\$99,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy,
describing the above mentioned property.

Subscribed and sworn to before me by the said

Linda C. Rogers
this 26th day of July, A.D. 2013
Monica Hayes
Notary Public

Linda C. Rogers
(Affiant's Signature)

DJYAFF



UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0051608

DATE ISSUED 07/16/2012

DECEDENT'S LEGAL NAME NATHANIEL ROGERS		SEX MALE	DATE OF DEATH JULY 02, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH MARCH 01, 1934		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME SEASONS HOSPICE AT HOLY CROSS HOSPITAL			
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME LINDA BUCKNER	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 9100 S JUSTINE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60619	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION AMOS ROGERS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CHARITY UNKNOWN
INFORMANT'S NAME LINDA ROGERS		RELATIONSHIP WIFE	MAILING ADDRESS 9100 S JUSTINE, CHICAGO, IL, 60619	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION ANATOMICAL GIFT ASSOCIATION OF ILLINOIS	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JULY 06, 2012	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JULY 13, 2012	
CAUSE OF DEATH PART I. END STAGE CARDIAC DISEASE				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		b. CONGESTIVE HEART FAILURE _____		
		c. CORONARY ARTERY DISEASE _____		
		Due to (or as a consequence of):		
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 12:40 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 06, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SANJAY J AMIN, 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016			PHYSICIAN'S LICENSE NUMBER 036087155	

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTICE: ALL ILLINOIS SECURITY HOLOGRAPHIC HOLDS AT BOTTOM