



stewart title



Doc#: 1402441072 Fee: \$64.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/24/2014 12:08 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

01146-19435 2/4

State of Illinois
County of COOK ss.

File Number: 01146-19435

PEARL HOOVER
being duly sworn, states that he resides at
719 N. LUSHWOOD AVE in the City of CHICAGO, IL 60644

That he was acquainted with HERBERT HOOVER deceased who, at the time
of death, was one of the sworn of the land in COOK County, Illinois, described as:

That the deceased died 11/12/2010 as evidenced by a copy of death certificate of the
deceased attached hereto.

- (X) 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 \$ dollars.

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

Subscribed and sworn to before me by the said
PEARL HOOVER
this 12th day of Dec, A.D. 2013.

[Signature] Notary Public
[Pearl Hoover Signature] (Affiant's Signature)



Prep by [Signature]
STEWART TITLE COMPANY
2055 W. Army Trail Rd. Suite 110
Addison, IL 60101
630-889-4050

Handwritten notes: 2 N, 3, 11, 12

UNOFFICIAL COPY

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0082869

DATE ISSUED 11/17/2010

DECEDENT'S LEGAL NAME HERBERT HOOVER		SEX MALE	DATE OF DEATH NOVEMBER 11, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH OCTOBER 19, 1934		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME 719 N LOCKWOOD		
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE SHERRILL, AR	SOCIAL SECURITY NUMBER [REDACTED]	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME PEARL SUMMERS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 719 N LOCKWOOD		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60644	FATHER'S NAME ELVIS HOOVER	MOTHER'S NAME PRIOR TO FIRST MARRIAGE SUSIE COLEMAN
INFORMANT'S NAME DIANE THOMPSON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1389 DANHOF DRIVE, BOLINGBROOK, IL, 60490	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION COOK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION NOVEMBER 20, 2010	
FUNERAL HOME SMITH & THOMAS FUNERAL HOME, 3708 W. MADISON, CHICAGO, IL, 60644				
FUNERAL DIRECTOR'S NAME DARNESHA COLVIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016239	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 18, 2010	
CAUSE OF DEATH PART I. STOMACH CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				1 YEARS
a. Due to (or as a consequence of)				
b. Due to (or as a consequence of)				
c. Due to (or as a consequence of)				
PART II. Enter other significant conditions contributing to death 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
DID TOBACCO USE CONTRIBUTE TO DEATH?	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? YES	DATE LAST SEEN ALIVE OCTOBER 08, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 8:15 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 16, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEELE BRIDGIO, 1950 S HARLEM, NORTH RIVERSIDE, ILLINOIS, 60546			PHYSICIAN'S LICENSE NUMBER 036072361	



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

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

UNOFFICIAL COPY

Exhibit A - Legal Description

LOT 28 IN BLOCK 1 IN W. C. REYNOLDS SUBDIVISION, OF THE EAST HALF OF THE NORTH EAST QUARTER OF THE NORTH WEST QUARTER OF SECTION 9, TOWNSHIP 39 NORTH, RANGE 19, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN#

16-09-105-018-000

719 N. Lockwood St.

Chicago, IL. 60644

Property of Cook County Clerk's Office