



1407613012

Doc#: 1407613012 Fee: \$32.00
RHSP Fee: \$9.00 RPAF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 03/17/2014 08:48 AM Pg: 1 of 3

(2)

Prepared by:
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Schererville, IN 46375
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Return to:
LSI TITLE COMPANY
5039 DUDLEY BLVD
MCCELLELLAN, CA 95652

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of Illinois)
County of Cook) ss. Order No. 17674382

Affiant, **Joseph Maurice Bright**, being duly sworn, states that he resides at 8819 S Dante Ave., Chicago, IL 60619. That he was acquainted with **James Bright**, Deceased, who at the time of his death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died March 6, 2002, as evidenced by a certified copy of the 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 Cook County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook 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 death of the deceased, does not exceed the sum of \$100,000.00 dollars.

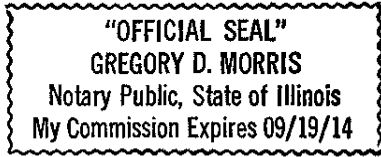
Affiant makes this affidavit for that purpose of inducing the *National Title Insurance of New York, Inc.* to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Joseph Maurice Bright.

By:
Joseph Maurice Bright

This 22 day of January, A.D. 20 14.

Notary Public



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UNOFFICIAL COPY

Order No. : 17674382
Loan No. : 000626173009

Exhibit A

The following described property:

Lot 6 in Block 15 in the Seconds Addition to Calumet Gateway, being a subdivision of part of the Northeast 1/4 of Section 2, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Assessor's Parcel No: 25-02-213-006

Property of Cook County Clerk's Office

UNOFFICIAL COPY

JULY 31, 2012

(STATE OF ILLINOIS)
(County of Cook)

DAVID ORR, COUNTY CLERK

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 the 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 J. Orr
COUNTY CLERK

BIRTH NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS				STATE FILE NUMBER	MEDICAL CERTIFICATE OF DEATH C 603 839			
	REGISTERED NUMBER	DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
		James W. Bright					Male	March 6, 2002		
		COUNTY OF DEATH	AGE - LAST BIRTHDAY (YR/BI)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)				
		Cook	73	5b	5c	5d November 8, 1928				
		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. (D, E, M, P, M, I, PATIENT) (SPECIFY)			
		8a Chicago		8b Trinity Hospital			8c Emer. Room			
		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 Little Rock, AR	8a Married	8b Ann R. Numm			9 No			
		SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)				
		10 [REDACTED]	11a Supervisor	11b Juvenile Cnt.		12 2				
		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO		INSIDE CITY (YES/NO)	COUNTY			
		13a 8819 S. Dante Avenue		13b Chicago		13c Yes	13d Cook			
		STATE	ZIP CODE	FACE (WHITE, BLACK, AMERICAN INDIAN, OR ISPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)					
		13e Illinois	13f 60619	14a [REDACTED]	14b [X] NO [] YES SPECIFY:					
		FATHER-NAME		FIRST	MIDDLE	LAST	MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
		15 Joseph Bright		16 Sennie Stewart						
		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)					
		17a Ann Bright		17b Wife	17c 8819 S. Dante Ave. - Chgo, IL 60619					
		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) → N/O MI / Prostate Cancer Stroke								
		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.								
		(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 significant conditions contributing to death but not resulting in the underlying cause given in PART I.								
		DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	WAS AUTOPSY FINISHED (YES/NO) TO DETERMINE CAUSE OF DEATH (YES/NO)				
		20a	20b		19a No	19b				
		(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/her ALIVE ON (MONTH, DAY, YEAR)	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOURS OF DEATH					
		21a 3/7/02	21b		21c 9:30 PM					
		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THIS TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.								DATE SIGNED (MONTH, DAY, YEAR)
		22a SIGNATURE								ILLINOIS LICENSE NUMBER
		22b 1700 W. Van Buren - Chicago, IL 60612								22c 36096592
		22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)								NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED
		BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY - NAME		LOCATION	CITY OR TOWN	STATE	DATE (MONTH, DAY, YEAR)		
		24a Burial	24b Oakwood Cemetery		24c Chicago, IL			24d 3/11/2002		
		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP								
		25a Wallace Broadview Funeral Home 2000 W. Roosevelt Rd. Broadview, IL 60155								
		FUNERAL DIRECTOR'S SIGNATURE						FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
		25b Vernon Wallace						25c 34-9351		
		LOCAL REGISTRAR'S SIGNATURE						DATE FILED IN LOCAL OFFICE (MONTH, DAY, YEAR)		
		26a John A. Wilhelms, M.D.						26b MAR 13 2002		