



UNOFFICIAL COPY

CHICAGO TITLE INSURANCE COMPANY

10 S. LASALLE ST. 3100, CHICAGO, IL 60603

DECEASED JOINT TENANCY AFFIDAVIT

Order No.: 1401 008961442 D2

STATE OF ILLINOIS }
COUNTY OF } ss.

Ethel OWENS
being duly sworn states that She resides at 7939 Marshall
in the City of Chicago Ill 60620.

That She was acquainted with FRANK OWENS deceased who, at the time of death,
was one of the owners of the land in Chicago Ill 60620 County, Illinois, described as:



1409713011

SEE ATTACHED

Doc#: 1409713011 Fee: \$64.00
RHSP Fee: \$9.00 RPPF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/07/2014 09:49 AM Pg: 1 of 3

That the deceased died 3.8.2014, 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
ONE hundred Fifty Thousand 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

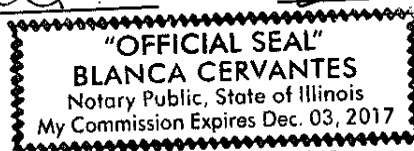
Ethel Mae Owens
this 7th day of April, A.D. 2014

Blanca Cervantes

Notary Public

Ethel Owens

(Affiant's Signature)



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unto said party of the second part, the following described real estate, situated in Cook County, Illinois:

LOT 4 IN THE RESUBDIVISION OF LOTS 29 TO 46 INCLUSIVE IN BLOCK 2 IN AUBURN HEIGHTS SUBDIVISION OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Tax # 20-31-200-033

together with the tenements and appurtenances thereto belonging, TO HAVE AND TO HOLD the same unto said parties of the second part forever, not in tenancy in common, but in joint tenancy.

This Deed is executed pursuant to and in the exercise of the power and authority granted to and vested in said trustee by the terms of said deed or deeds in trust delivered to said trustee in pursuance of the trust agreement above mentioned. This deed is made subject to the lien of every trust deed or mortgage (if any there be) of record in said county to secure the payment of money, and remaining unreleased at the date of the delivery hereof.

IN WITNESS WHEREOF, said party of the first part has caused its corporate seal to be affixed, and has caused its name to be signed to these presents by its Trust Officer and attested by its Assistant Secretary, the day and year first above written.



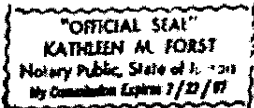
MARQUETTE NATIONAL BANK, As Trustee as Aforesaid

By: *[Signature]*
Trust Officer
Attest: *[Signature]*
Assistant Secretary

State of Illinois
County of Cook

I, the undersigned, a Notary Public in and for the County and State, Do Hereby Certify that the above named Trust Officer and Assistant Secretary of the MARQUETTE NATIONAL BANK, Grantor, personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed and delivered the said instrument as such officers of said Bank and caused the corporate seal of said Bank to be thereunto affixed, as their free and voluntary act and as the free and voluntary act of said Bank for the uses and purposes therein set forth.

Given under my hand and Notarial Seal this 22 day of MARCH 1994.



[Signature]
KATHLEEN M. FORST
NOTARY PUBLIC

AFTER RECORDING, PLEASE MAIL TO:
NAME: Anthony B. Ferguson
ADDRESS: 9415 S. State
CITY: Chicago, Ill. 60619
RECORDER'S BOX NUMBER _____

FOR INFORMATION ONLY-- STREET ADDRESS
7948 S. MARSHFIELD
CHICAGO, ILLINOIS

THIS INSTRUMENT WAS PREPARED BY:
GLENN E. SKINNER JR.
MARQUETTE NATIONAL BANK
4155 SOUTH PULASKI ROAD
CHICAGO, ILLINOIS 60629



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94332998

2



UNOFFICIAL DEATH COPY

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

DATE ISSUED 3/17/2014

STATE FILE NUMBER 2014 0020481

DECEDENT'S LEGAL NAME FRANK D OWENS		SEX MALE	DATE OF DEATH MARCH 08, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 77 YEARS	DATE OF BIRTH SEPTEMBER 13, 1936		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE VAIDEN, MS	SOCIAL SECURITY NUMBER 428-68-3748	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ETHEL WILLIAMS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7939 S MARSHFIELD		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FELTON OWENS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JESSIE MAE MAYFIELD
INFORMANT'S NAME ETHEL OWENS		RELATIONSHIP WIFE	MAILING ADDRESS 7939 S MARSHFIELD, CHICAGO, IL, 60620	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION MARCH 17, 2014
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 MARCH 17, 2014	
CAUSE OF DEATH				
PART I. CORONARY ARTERIOSCLEROSIS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Due to (or as a consequence of):		
a. _____		_____		
b. ISCHEMIC CARDIOMYOPATHY		_____		
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	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY		IF TRANSPORTATION INJURY, SPECIFY		
DESCRIBE HOW INJURY OCCURRED:				
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE NOVEMBER 07, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 07:21 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 14, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KIMBERLY WEBB MD, ILLINOIS			PHYSICIAN'S LICENSE NUMBER 036098631	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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