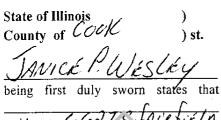
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DECEASED JOINT TENANCY AFFIDAVIT





Doc#: 1409934104 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A.Yarbrough

Cook County Recorder of Deeds
Date: 04/09/2014 03:10 PM Pg: 1 of 3

JAINICK WESCHY
being first duly sworn states that
resides at CoGOTS ANKIKID
in the City of <u>CHICHEO</u>
That Jami Dilliew ocquainted with Marchin Drang
Deceased who, at the time of NAM death, was one of the owners, of the land in COK
County, Illinois, described as:
Cot
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.
I I will be Transport which was filed in the Unproven Will Poy of the grabate Division of the Circuit
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 of the time of the death of the deceased, does not exceed the sum of 78,000 dollars.
Affiant makes this affidavit for that purpose of inducing the Title Insurance Company to the Insurance Policy, describing OFFICIAL SEAL CATHERINE L HARDAWAY Netary Public - State of Illinois
Subscribed and sworn to before me by the said JANICET. WESLE My Commission Expires Jan 27, 2015
this day of Cycle A.D. 2014 Notary Public (affiant's signature)

1409934104 Page: 2 of 3

UNOFFICIAL COPY

all of Lot 37, and Lot 38 (except the North 17 1/2 Feet thereof) in Block 12 in Avondale Addition to Chicago, a Subdivision of the West 1/2 of the North East 1/4 of Section 24, Township 38 North, Range 13 East of the on the terms set forth herein, the following described real estate County Minois: The North 3 1/2 Feet of Lot 36, Alf legal description is not included at time of execution. Third Principal Meridian, in Cook County. commonly known as 6627 S. Fairfield, Clicago, IL 60629 Conto

PW# 19-24-225-009

GENTIFICATION OF 1409934104 Page: 3 of 3

COOK COUNTY CLERKVITAL RECORDS CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

	5.5	UMBER		0001	
×+-	COLUMN AL	LINE CO.	2014	0004	cen.
SIAIE	. FILE N	UMBER	20.14	UUUI	300

STATE FILE NUMBER 2011 000	31660					DATE ISSUED	01/12/2011
DECEDENT'S LEGAL NAME MARCELINE PIERCE						OF DEATH JUARY 06, 2011	
COUNTY OF DEATH		AGE AT LAST BIRTHDAY 88 YEARS		DATE OF BI	RTH MBER 02, 1922		
CHYOR TOWN CHICAGO			HOSPITAL OR OTH RENAISSANC				
PLACE OF DEATH NURSING HOME / LONG	TERM CARE F	ACILITY					
BIRTHPLACE COFFEEVILLE, MS	SOCIAL SECURIT	NUMBER MARITAL STAT	56.55.44		SPOUSE'S NAME	EVER IN U.S FORCES?	NO
RESIDENCE 5627 S FAIRFIELD		ART N		Y OR TOWN HICAGO		INSIDE CITY (YES	IMITS?
1 名をできます しゅう かずしょうか	'.E ZIP CODE '. 60629	FATHER'S NAME LUCIOUS WIL	LIAMS		NINA GREER	R TO FIRST MÄRRIAGE	
INFORMANT'S NAME OLIVIA PERRY		RELATIONSHIP DAUGHTER			STREET, SOUTH HOL		
METHOD OF DISPOSITION BURIAL		OF DISPOSITION INT HOPE CEMETER	Υ	EGCATION CIT CHICAGO,	FOR TOWN AND STATE:	JANUARY 14, 20	
FUNERAL HOME A A RAYNER AND SONS	SOUTH, 318 ⊑	AST 71ST STREET, C	HICAGO, IL, 60	619			-
FUNERAL DIRECTOR'S NAME IVAN EDWARD RAYNER	l de la companya de l				FUNERAL DIRECTOR'S I 034010200		ER .
LOCAL REGISTRAR'S NAME DAVID ORR:					DATE FILED WITH LOCA JANUARY 10, 20		
CAUSE OF DEATH PART	CARDIAC ARR	HYTHMIA				SATH	
(Final disease or condition resulting in death):	b. HYPERTENSIV	DUE to (or	SEAS =		P. COXIII	VAL BET	
		Due to (e	r as a consequence.		I de	S S S S S S S S S S S S S S S S S S S	
	C HYPERTENSIC)N					
			ras a consequence of).	riven id PART	WAS AN AT	TOPSY PERFORMED?	UNKNOWN
PART H. Enter other significant co.	nditions contributing	rto death burnot lessining (c	ple dideliani godina		WEREART	DPSY FINDINGS USED T	0
	To be true T	FEMALE PREGNANCY STAT	iis .		COMPLETE MANNER O	CAUSE OF DEATH? UI F DEATH	NKINOVVIX
DID TOBACCO USE CONTRIBUTE	TO DEATH	NOT APPLICABLE	d seder Verbert (1944) State of Mark (1944)		I NATURA		AT WORK?
DATE OF INJURY		TIME OF INJURY	PLACE OF INJUR			*	
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCUR	REO.				IF.	TRANSPORTATION INJU	
ATTEND THE DECEASED?	DATE LAST SEEN A UNKNOWN	LIVE WAS MEDICAL CORONER CO	EXAMINER OR NTACTED? NO		PRONOUNCED	71ME 0F I 05:20	
CERTIFIER PHYSICIAN					D	ATE CERTIFIED JANUARY 07, 201	
NAME: ADDRESS AND ZIP CODE	OF PERSON COMP	ETING CAUSE OF DEATH	60628			PHYSICIAN'S LICENSE 036062189	NUMBER

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 Cook County Clerk