



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. _____

FRANK FRANKLIN being duly sworn
states that HE resides at 4349 W THOMAS in the City of
CHICAGO

That HE was acquainted with ROSIE LEE DAVIS
deceased who, at the time of HER death, was one of the owners of the land in COOK
County, Illinois, described as:

*The West 15 feet of Lot 20, the East 15 feet of Lot 21
in Frank & Wmnie's Humboldt Park Subdivision of the
Southwest 1/4 of the Northwest 1/4 of Southeast 1/4 of
Section 3 Township 39 North, Range 13 East of
Section 3 Township 39 North, Range 13 East of the Third
Principal meridian in Cook County, Illinois*

PIN: 16-03-408-003-0000
That the deceased died MARCH 27, 2011, 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 100,000

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 100,000 dollars.

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

Subscribed and sworn to before me by the said

FRANK FRANKLIN

this 2nd day of 7 EB, A.D. 2012

Tiffany Brown
Notary Public



Frank Franklin
(affiant's signature)

Mail to: FRANK FRANKLIN Property Address
4349 W THOMAS
CHICAGO, IL 60651

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

DATE ISSUED 12/28/2012

STATE FILE NUMBER 2011 0025539

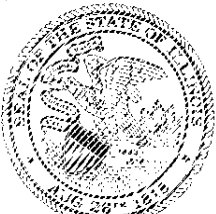
DECEDENT'S LEGAL NAME ROSIE LEE DAVIS		SEX FEMALE	DATE OF DEATH MARCH 27, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH MARCH 23, 1937		
CITY OR TOWN CICERO	HOSPITAL OR OTHER INSTITUTION NAME ALDEN TOWN MANOR REHAB & HCC			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE GREENWOOD, MO	SOCIAL SECURITY NUMBER 426-70-7624	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME FRANK FRANKLIN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4349 W THOMAS STREET	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60651	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JIM DAVIS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MELROSE ASKEW
INFORMANT'S NAME EVELENA DAVIS	RELATIONSHIP DAUGHTER	MAILING ADDRESS 4349 W THOMAS STREET, CHICAGO, IL, 60651		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION RESTVALE CEMETERY	LOCATION - CITY OR TOWN AND STATE ALSIP, IL	DATE OF DISPOSITION APRIL 01, 2011	
FUNERAL HOME FOUNTAIN JORDAN SHEPARD FUNERAL HOME, 418 S CICERO AVENUE, CHICAGO, IL, 60644				
FUNERAL DIRECTOR'S NAME SMITH, DUSHAWN	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016056			
LOCAL REGISTRAR'S NAME MARYLIN COLPO	DATE FILED WITH LOCAL REGISTRAR APRIL 4, 2011			
CAUSE OF DEATH	PART I. OVARIAN CARCINOMA			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	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? UNKNOWN		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? UNKNOWN		
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 MARCH 27, 2011	WAS MEDICAL EXAMINER OR CORONER CONTACTED? UNKNOWN	DATE PRONOUNCED	TIME OF DEATH 01:00 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 29, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH GO, CLAUDINE, 3249 SOUTH OAK PARK AVENUE, BERWYN, ILLINOIS, 60402			PHYSICIAN'S LICENSE NUMBER 036113153	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: FACILE SECURITY HOLOGRAPHIC JOURNAL 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