

UNOFFICIAL COPY



Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF _____

} ss.

Order No. _____

_____ Yvonne Brown-Watson being duly sworn
states that she resides at 5310 S Cornell Ave Apt 2 in the City of
Chicago

That she was acquainted with Benjamin Watson
deceased who, at the time of _____ death, was one of the owners of the land in _____
County, Illinois, described as:



1414118045

Doc#: 1414118045 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/21/2014 01:06 PM Pg: 1 of 3

That the deceased died October 14, 2009, 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 _____ dollars.

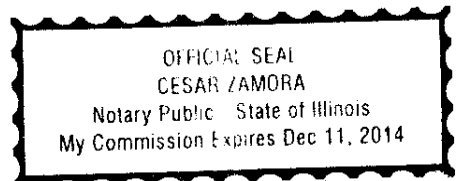
Affiant makes this affidavit for that purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

YVONNE BROWN-WATSON

this 21ST day of MAY, A.D. 19 2014

Cesar Zamora
Notary Public



Yvonne Brown-Watson
(affiant's signature)

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CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH

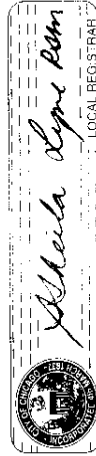
STATE FILE NUMBER

616242

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 18 2000

I, SHEILA LYNE, RSM, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **6.10**
REGISTERED NUMBER

DECEASED-NAME: **BENJAMIN WATSON** (FIRST, MIDDLE, LAST)
SEX: **2 Male**
DATE OF DEATH: **3 October 14, 2000** (MONTH, DAY, YEAR)

COUNTY OF DEATH: **COOK**
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **CHICAGO**

AGE-LAST BIRTHDAY (YRS): **53**
UNDER 1 YEAR: **5c**
DAYS: **5d**
HOURS: **5e**
MIN: **5f**

DATE OF BIRTH: **30 March 30, 1945** (MONTH, DAY, YEAR)

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **Reese Hospital**

6a. Chicago BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Chicago, Illinois**
6b. Michael Reese Hospital NAME OF SURVIVING SPOUSE (MAIDEN NAME, F WIFE): **Yvonne Luckert**
6c. Inpatient WAS RECEIVED EVER IN U.S. ARMED FORCES? (YES/NO): **9 No**

7. **Married** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8a. Yvonne Luckert KIND OF BUSINESS OR INDUSTRY: **Elementary/Secondary (0-12)**
8b. Education (SPECIFY ONLY HIGHEST GRADE COMPLETED): **College (1-4 or 5)**

11a. **Printer** USUAL OCCUPATION
11b. **Weyerhaeuser** CITY, TOWN, TWP, OR ROAD DISTRICT NO.
11c. **Chicago** CITY
11d. **Yes** INSURE CITY (YES/NO)
11e. **Yes** INSURE STATE (YES/NO)
11f. **Yes** INSURE FEDERAL (YES/NO)
11g. **Yes** INSURE OTHER (YES/NO)
11h. **Yes** INSURE LIFE (YES/NO)
11i. **Yes** INSURE ACCIDENT (YES/NO)
11j. **Yes** INSURE FIRE (YES/NO)
11k. **Yes** INSURE OTHER (YES/NO)

13a. **5310 S. Cornell** RESIDENCE (STREET AND NUMBER)
13b. **Chicago** CITY, TOWN, TWP, OR ROAD DISTRICT NO.
13c. **Yes** INSURE CITY (YES/NO)
13d. **Yes** INSURE STATE (YES/NO)
13e. **Yes** INSURE FEDERAL (YES/NO)
13f. **Yes** INSURE OTHER (YES/NO)

14a. **Black** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)
14b. **No** OF HISPANIC ORIGIN? (SPECIFY NO OR YES IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
14c. **Yes** SPECIFY: FIRST MIDDLE LAST (MAIDEN, LAST)
14d. **Abelster Murray** MOTHER-NAME

15. **Timmie Watson** FATHER-NAME (TYPE OR PRINT)
16. **Abelster Murray** MOTHER-NAME (TYPE OR PRINT)
17. **Yvonne B. Watson** WIFE RELATIONSHIP
17a. **5310 S. Cornell** MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP)
17b. **Chicago** CITY, TOWN, TWP, OR ROAD DISTRICT NO.
17c. **Illinois** STATE

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.
(a) METASTATIC LUNG CANCER
(b) DUE TO OR AS A CONSEQUENCE OF
(c) DUE TO OR AS A CONSEQUENCE OF
IMMEDIATE CAUSE (Final disease or condition resulting in death)
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. **No** AUTOPSY (YES/NO)
19b. **No** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
20a. **No** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO
20b. **16 months** HOUR OF DEATH

21a. **12:45P M.** DATE SIGNED (MONTH, DAY, YEAR)
21b. **October 16, 2000** DATE OF DEATH (MONTH, DAY, YEAR)
21c. **036-061251** ILLINOIS LICENSE NUMBER

22a. **David T. Wechter** SIGNATURE (TYPE OR PRINT)
22b. **DAVID T. WECHTER M.D.** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22c. **CHICAGO, IL 60602** CITY, TOWN, TWP, OR ROAD DISTRICT NO., STATE, ZIP

23. **DAVID T. WECHTER M.D.** NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
23a. **Chicago, Illinois** CITY OR TOWN, STATE
23b. **240 Oct 20, 2000** DATE (MONTH, DAY, YEAR)

24a. **OAK WOODS** CEMETERY OR CREMATORY-NAME
24b. **CHICAGO, ILLINOIS** CITY OR TOWN, STATE
24c. **794th St. Chicago, Illinois** STREET AND NUMBER OR R.F.D.
24d. **034-010650** NAME, CITY OR TOWN, STATE, ZIP
24e. **034-010650** FUNERAL HOME

25a. **Sheila Lyne RSM** FUNERAL DIRECTOR'S SIGNATURE
25b. **Sheila Lyne RSM** LOCAL REGISTRAR'S SIGNATURE
25c. **034-010650** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. **034-010650** LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER

26a. **OCT 18 2000** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26b. **OCT 18 2000** DATE FILED BY CORONER OR MEDICAL EXAMINER (MONTH, DAY, YEAR)

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 20121100341011

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card", available from the counter clerk or at our website www.cookcountyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number"). If this is not the item you requested, please notify the clerk.

2012	110034	1011	255	7001	
AREA	SUB-AREA	BLOCK	PARCEL	UNIT	WARRANT CODE

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION
 VOLUME
 255

AREA SUB-AREA BLOCK PARCEL UNIT TAX CODE
 20- 12- 110- 034- 1011 7001

SEE SPECIAL FILE CARD FOR COMPLETE LEGAL DESCRIPTION

UNIT 5310-2 AS PER DOC 22228153
 5.64% INTEREST IN COMMON ELEMENTS IN

1974 DIVISION

110 Parcel 001

AREA	SUB-AREA	BLOCK	PARCEL	UNIT	WAR-RANT	CODE
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9