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1417529008

Doc#: 1417529008 Fee: $40.00
RHSP Fee:$9.00 RPRF Fee: $1.00
Karen A.Yarbrough
Cook County Recorder of Deeds
Date: 06/24/2014 10:52 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

The above space is for the recorder's use only

State of Illinois)
) SS.
County of Cook)

I, William O. Taylor hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 7927 S. Aberdeen, Chicago, IL 60620. That Affiant(s) was acquainted with Mildred E. Taylor, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 15 (except North 7.5 feet thereof) and Lot 16 (except the South 11 feet thereof) in Block 2 in High Ridge Addition to Auburn, being a Subdivision of the North West ¼ of the North East ¼ of Section 32, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN# 20-32-202-009-0000

That the Deceased died on 09/27/2006 as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his/her death, held his/her share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, 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 $200,000.00.

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and sworn before me
this 16th day of June, 2014

6-10-14
Notary Public

William O Taylor
Affiant's Signature

Nakina S. Gore
Notary Public
Illinois
My Commission Expires 6-8-2016

Prepared by:
The Chicago Trust Company
Linda J. Pitrowski, Vice President
10258 S. Western Avenue
Chicago, Illinois 60643

Property of Cook County Clerk's Office

NO.

REGISTRATION DISTRICT NO. 16.10

REGISTERED NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 613547

1. DECEASED–NAME FIRST: Mildred MIDDLE: E. LAST: Taylor
2. SEX: Female
3. DATE OF DEATH (MONTH, DAY, YEAR): September 27, 2006
4. COUNTY OF DEATH: Cook
5a. AGE–LAST BIRTHDAY (YRS): 71
5b. UNDER 1 YEAR MOS. DAYS:
5c. UNDER 1 DAY HOURS MIN.:
5d. DATE OF BIRTH (MONTH, DAY, YEAR): March 12, 1935
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Chicago
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): Holy Cross Hospital
6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY): Inpatient
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Chicago, IL
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): William Taylor
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): NO
10. SOCIAL SECURITY NUMBER: [redacted]-7925
11a. USUAL OCCUPATION: Admin. Asst.
11b. KIND OF BUSINESS OR INDUSTRY: Retail
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12): 12 College (1-4 or 5+):
13a. RESIDENCE (STREET AND NUMBER): 4815 South Western
13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Chicago
13c. INSIDE CITY (YES/NO): Yes
13d. COUNTY: Cook
13e. STATE: Illinois
13f. ZIP CODE: 60609
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): Black
14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☒ NO ☐ YES SPECIFY:
15. FATHER–NAME FIRST: Boyd MIDDLE: LAST: Higgins
16. MOTHER–NAME FIRST: Vina MIDDLE: (MAIDEN) LAST: Washington
17a. INFORMANT'S NAME (TYPE OR PRINT): Vina Williams
17b. RELATIONSHIP: Daughter
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 8144 S. Winchester Chicago, IL 60620

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.

Immediate Cause (Final disease or condition resulting in death) → (a) Pneumonia — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: 1 week

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

19a. AUTOPSY (YES/NO): NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO):
20a. DATE OF OPERATION, IF ANY:
20b. MAJOR FINDINGS OF OPERATION:
20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☒
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): I Did NOT September 26, 2006
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO
21c. HOUR OF DEATH: 2:18 A M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE ▶
22b. DATE SIGNED (MONTH, DAY, YEAR): September 27, 2006
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Balakrishnan Natarajan, MD 2760 West 68th Street Chicago Illinois 60629
22d. ILLINOIS LICENSE NUMBER: 036-101773
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): DR. PREM RUPANI

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY–NAME: Mt. Hope Cemetery
24c. LOCATION CITY OR TOWN STATE: Chicago, IL
24d. DATE (MONTH, DAY, YEAR): 10-4-2006
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: Travis Funeral Home, LLC 14338 S. Indiana Riverdale, IL 60827
25b. FUNERAL DIRECTOR'S SIGNATURE ▶ J.C. Travis
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 34-014179
26a. LOCAL REGISTRAR'S SIGNATURE ▶ Terry Mason MD
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 2 - 2006

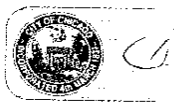
VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

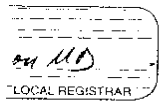
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 2 - 2006

I, TERRY MASON M.D., 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 ORDINANCE OF SAID LAW AND ORDINANCES.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH





THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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