

# UNOFFICIAL COPY



Doc#: 1419957027 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 07/18/2014 02:27 PM Pg: 1 of 3

## Deceased Joint Tenancy Affidavit

STATE OF ILLINOIS )  
COUNTY OF \_\_\_\_\_ ) SS.

I, Sharon S. Christopher Mikell, the affiant, being duly sworn states that Matte Olivia Christopher (the deceased) resided at 243 S. Hickory St. Glenwood IL 60425 (address of deceased) in the City of Glenwood. I was acquainted with Matte Olivia Christopher deceased, who at the time of death, was one of the owners of the land in Cook County, Illinois. Property address and description as follows:

See Attached

That the deceased died on April 3, 2014 (date), at South Suburban Hospice (location), as evidenced by a certified copy of the death certificate of the deceased is attached.

That the deceased died:

Leaving no Last Will and Testament.  
 Leaving a Last Will and 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.

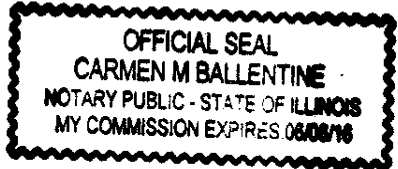
Leaving a Last Will and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois on \_\_\_\_\_ (date).

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 death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Sharon S. Christopher Mikell  
Affiant

Subscribed and sworn to me by the said affiant, for the uses and purposes set forth therein, this 17th day of July, 2014.

Carmen M. Ballentine  
Notary Public



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## ADDENDUM A TO MORTGAGE

### Description of Property


The land referred to in this policy is situated in the State of Illinois, County of Cook, and described as follows:

The following described real estate, situated in Cook County, Illinois, to-wit:

Lot 51 in Brookwood Point, being a Subdivision of part of the East 1/2 of the Northeast 1/4 of Section 10, Township 35 North, Range 14 East of the Third Principal Meridian, according to plat thereof registered in the Office of the Registrar of Titles of Cook County, Illinois, on December 19, 1988, as Document No. LB 2427372, in Cook County, Illinois.

APN #: 32-10-209-007

Being the same property conveyed to Claude Christopher and Mattie O. Christopher, not as tenants in common, but as joint tenants by deed from The Chicago Trust Company, a Corporation of Illinois, as Trustee of Trust Number 83-151, dated 7/22/1998, filed 8/12/1998 and recorded in Deed as Inst. No. 96613611 in Cook County Records.

 CHRISTOPHER  
39512066 IL  
FIRST AMERICAN ELS  
MORTGAGE  


WHEN RECORDED, RETURN TO:  
EQUITY LOAN SERVICES, INC.  
1100 SUPERIOR AVENUE, SUITE 200  
CLEVELAND, OHIO 44114  
NATIONAL RECORDING - TEAM 1  
*Accommodation Recording Per Client Request*

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

STATE FILE NUMBER 2014 0027076

DATE ISSUED 4/9/2014

DECEDENT'S LEGAL NAME <b>MATTIE CHRISTOPHER</b>			SEX <b>FEMALE</b>	DATE OF DEATH <b>APRIL 03, 2014</b>
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>81 YEARS</b>	DATE OF BIRTH <b>JANUARY 31, 1933</b>		
CITY OR TOWN <b>HAZEL CREST</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>SOUTH SUBURBAN HOSPITAL</b>		
PLACE OF DEATH <b>INPATIENT</b>				
BIRTHPLACE <b>SHORTER, AL</b>	SOCIAL SECURITY NUMBER <b>██████-██-2577</b>	STATUS AT TIME OF DEATH <b>MARRIED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME <b>CLAUDE CHRISTOPHER</b>	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>16560 HONORE AVENUE</b>	APT. NO.	CITY OR TOWN <b>MARKHAM</b>	INSIDE CITY LIMITS? <b>YES</b>	
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60428</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>ROOSEVELT LEON WALKER</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>LEMON L PACE</b>
INFORMANT'S NAME <b>SHARON CHRISTOPHER MIKELL</b>		RELATIONSHIP <b>DAUGHTER</b>	MAILING ADDRESS <b>16560 HONORE, MARKHAM, IL, 60428</b>	
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>ABRAHAM LINCOLN NATIONAL CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>ELWOOD, IL</b>	DATE OF DISPOSITION <b>APRIL 09, 2014</b>	
FUNERAL HOME <b>LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619</b>				
FUNERAL DIRECTOR'S NAME <b>SPENCER LEAK SR</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>031007489</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>APRIL 8, 2014</b>	
<b>CAUSE OF DEATH</b> PART I. <b>DEMENTIA</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	UNKNOWN UNKNOWN
		b.		
		c.		
Due to (or as a consequence of):				
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>10:30 AM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>APRIL 07, 2014</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>WAQAR MIAN, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515</b>			PHYSICIAN'S LICENSE NUMBER <b>036084085</b>	

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