

# UNOFFICIAL COPY



Doc#: 1421857008 Fee: \$40.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 08/06/2014 08:48 AM Pg: 1 of 2

## Deceased Joint Tenancy Affidavit

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

Sadie M. Coston, the affiant, being duly sworn states that  
Lovelace Coston (the deceased) resided at 14239 So. Cottage Grove Ave.  
(address of deceased) in the City of Orion. I was acquainted with  
Lovelace Coston 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 PIN# 29-02-300-052-0000

That the deceased died on 8-19-2003 (date), at Roseland Hospital  
(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.

LOT 19 AND THE NORTH 15 FEET OF LOT 20 IN BLOCK 1 IN  
CALUMET PARK FIRST ADDITION, A SUBDIVISION OF THE WEST  
674.13 FEET OF LOTS 1 TO 3 INCLUSIVE, IN SUBDIVISION OF  
PART OF THE SOUTHWEST ¼ OF SECTION 2, TOWNSHIP 36 NORTH,  
RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK  
COUNTY, ILLINOIS.

Sadie M. Coston

Affiant

Subscribed and sworn to me by the said affiant, Sadie Coston for the uses and  
purposes set forth therein, this 6 day of August, 2014.

[Signature]  
Notary Public



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CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

612158

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

SEP 15 2003

I, JOHN L. WILHELM 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 OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

DECEASED-NAME Lovelace, Middle, LAST, SEX, DATE OF DEATH, COUNTY OF DEATH, AGE, BIRTHDAY, DATE OF BIRTH, HOSPITAL, NAME OF SURVIVING SPOUSE, NAME OF DECEASED, KIND OF BUSINESS OR INDUSTRY, CITY, TOWN, TWP. OR ROAD DISTRICT NO., RACE, RELATIONSHIP, MOTHER-NAME, FATHER-NAME, MIDDLE, LAST, INFORMANT'S NAME, ADDRESS, SEX, SPECIFY, MIDDLE, LAST, PART I, Immediate Cause, CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE, PART II, Other significant conditions, DATE OF OPERATION, MAJOR FINDINGS OF OPERATION, SIGNATURE, NAME AND ADDRESS OF CERTIFIER, NAME OF ATTENDING PHYSICIAN, BURIAL CREMATION, REMOVAL, FUNERAL HOME, FUNERAL DIRECTOR'S SIGNATURE, LOCAL REGISTRAR'S SIGNATURE.