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DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1425919070 Fee: \$40.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 09/16/2014 11:27 AM Pg: 1 of 2

State of Illinois)
County of) st.

Cook

being first duly sworn states that
Elizabeth Marshall
resides at 837 N. Lawndale
Ave
in the City of CHICAGO

That Elizabeth Marshall is acquainted with Minnie Lee Burnett

Deceased who, at the time of her death, was one of the owners, of the land in Cook

County, Illinois, described as: 837 N. Lawndale Ave, Chicago, IL 60651

of the 16-02-331-008-0000
State of Illinois, the following described real estate situated in the
in the State of Illinois to wit

Lot 39 in Block 7 in T. J. Diven's Subdivision of the
South East 1/4 of the South West 1/4 of Section 2,
Township 39 North, Range 13 East of the Third
Principal Meridian, in Cook County, Illinois.

That the deceased died September 15, 2013, 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 of 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 Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said



this 16th day of September, A.D. 2014

[Signature]
Notary Public

Elizabeth Marshall
(affiant's signature)

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CERTIFICATE OF DEATH REPORT

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

STATE FILE NUMBER 2013 0071200

DATE ISSUED 9/20/2013

DECEDENT'S LEGAL NAME MINNIE LEE BURNETT				SEX FEMALE	DATE OF DEATH SEPTEMBER 15, 2013
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 74 YEARS		DATE OF BIRTH NOVEMBER 15, 1938	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME 837 NORTH LAWDALE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE GHOLSON, MS		SOCIAL SECURITY NUMBER [REDACTED]		STATUS AT TIME OF DEATH WIDOWED	
RESIDENCE 837 NORTH LAWDALE		APT. NO. 2ND FLR		CITY OR TOWN CHICAGO	
COUNTY COOK		STATE IL		ZIP CODE 60651	
FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SIDNEY MARSHALL			MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OLA MAE ROBINSON		
INFORMANT'S NAME SHARIKA HAMPTON		RELATIONSHIP DAUGHTER		MAILING ADDRESS 837 NORTH LAWDALE, CHICAGO, IL, 60651	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CHICAGO BURR OAK CEMETERY		LOCATION - CITY OR TOWN AND STATE ALSIP, IL	
FUNERAL HOME SMITH & THOMAS FUNERAL HOME, 5708 W. MADISON, CHICAGO, IL, 60644		DATE OF DISPOSITION SEPTEMBER 21, 2013			
FUNERAL DIRECTOR'S NAME ILENE JOHNSON				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016371	
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 20, 2013	
CAUSE OF DEATH					
PART I: BILE DUCT CARCINOMA STAGE IV					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a		UNKNOWN UNKNOWN	
		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		CONGESTIVE HEART FAILURE		WAS AN AUTOPSY PERFORMED? NO	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR		MANNER OF DEATH NATURAL			
DATE OF INJURY		TIME OF INJURY		PLACE OF INJURY	
LOCATION OF INJURY		INJURY AT WORK?			
DESCRIBE HOW INJURY OCCURRED:					
IF TRANSPORTATION INJURY, SPECIFY:					
ATTEND THE DECEASED? NO		DATE LAST SEEN ALIVE UNKNOWN		WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	
CERTIFIER PHYSICIAN		DATE PHONOUNCED		TIME OF DEATH 08:15 AM	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOANNA LYNN MARTIN, 833 W CHICAGO AVE, 3RD FLOOR, CHICAGO, IL, 60642				DATE CERTIFIED SEPTEMBER 18, 2013	
				PHYSICIAN'S LICENSE NUMBER 036110886	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

PROVIDER OF DEATH CERTIFICATE

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