UNOFFICIAL COPY

Record & Return to:

Mortgage Information Services, Inc 4877 Galaxy Parkway, Suite I Cleveland, OH 44128

Prepared By:

Chi Hang Jonathan Tam Wai Fong Tam Hui 539 W. 42nd St. Chicago, IL 60609



Doc#: 1431117038 Fee: \$42.00 RHSP Fee:\$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds Date: 11/07/2014 01:34 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

) SS.

County of Cook

M.I.S. FILE NO/34U187

Chi Hang Jonathan Tam and Wai Fong Tam Hui hereinafter called Affiant(s) being duly sworn states that he/she/they resides at: 539 W 42nd St, Chicago, IL 60609. That Affiant(s), Wai Fong Tam Hui was Married to Wirg Cheung Tam, 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:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS IN DOCUMENT NUMBER 1022940023 AND IS DESCRIBED AS FOLLOWS:

LOT 16 IN DUNCAN'S RESUBDIVISION OF BLOCK 7 IN TAYLOR AND KREIGH'S SUBDIVISION OF THE EAST 1/2 OF THE NORTHWEST 1/4 OF SECTION 4, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

APN: 20-04-127-009-0000

COMMONLY KNOWN AS 539 W 42ND ST, CHICAGO, IL 60609

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| | That the Deceased died on | | , | as evidenced by a | copy |
|-------------------|---|--------------------|---------------|----------------------------|-------|
| of Dec | ceased's death certificate atta | ched hereto. | | | |
| mentic testair | That the Deceased, at the coned property as a joint tendent. | | | | |
| | That the total value of the ling both real and personal protein tenancy at the time of the | coperty owned by t | he Deceased | either individually | or in |
| may b | Affiant makes this affidavi se harmed by the Affiant's la | | of any indivi | dual or corporation | who |
| | ribed and sworn before me | 20. 14 | | | |
| this | Jora Fina | 20 <u>14</u> . | Want | m/him/an | |
| C | Affiant's Signature, hi Hang Jonathan Tam | | Wai Fong | nt's/Signature, Tam Hui | |
| | | 0 | | | |
| 4 | Notary Signature | | | Signature | |
| | | | C | | |
| | "OFFICIAL SEAL" JIAN HUAI XIE Notary Public, State of Illinois My Commission Expires Feb. 10, 201 | | | 674'S O17/ | |
| | | | | | ÷ |

1431117038 Page: 3 of 3

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

| OTATE EIL | E NUMBER | 2013 0019585 |
|------------|----------|--------------|
| TID IF FIL | F NUMBER | 2013 0013300 |

| rate ell'e number 2013 00 | 10685 | | 4 | | | | | | DATE | ISSUED | 3/12/201 |
|---|--|----------------|---------------------------------------|---|--------------|---|----------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------|
| TATE FILE NUMBER 2013 00 DECEDENTS LEGAL NAME | 1,13069 | | - | | | | SEX MALE | | OF DEATH | 2013 | |
| WING CHEUNG TAM | | | | | | | | 1 10// | | | |
| COUNTY OF DEATH | | | AST BIRTHD | ¥Y | | DATE OF 5 | иятн ARY 21, 195 | 54 | | | |
| COOK | | 1. 35 11 | -3110 | новрим | OR OT | ER INSTITUTION | NAME | | | | |
| CITY OF TOWN | | | • | MERCY | HOS | PITAL AND N | EDICAL C | ENTER | | | |
| CHICAGO | | 777. | | | | | | • | | | |
| PLACE OF DEATH | | | | | | | | | | | |
| INPATIENT | SOCIAL SECURIT | Y NUMBER | STATUS AT | TIME OF DEATH | | SURVIVING SPOU | SÉNCIANT MHIÓN L | ARTNERS M | UDEN NAME | EVER IN U.S. / | |
| BIRTHPLACE CHINA | 360-90-90 | | MARRIE | | | WAI FONG | HUI | | · · · · · · | FORCES? NO | |
| RESIDENCE | · · · · · · · · · · · · · · · · · · · | | A | PT. NO. | | Y OR TOWN | | | . [| NSIDE CITY LIMI YES | |
| 539 WEST 42ND STF 3E | | LEATHERNO | LEADENT'S NAT | SE PRIOR TO FIRST | - | | MOTHER/CO-P | LRENT & NAM | E PRIOR TO P | rst Marriage/Civ | IL UNIDN |
| COOK IL | 7_ 2iP COD€ 1.0609 | YUML | ITAM : | | | · · · · · · · · · · · · · · · · · · · | LIN LI | 41 | <u> </u> | | <u> </u> |
| INFORMANT'S NAME | A STATE OF THE PARTY OF THE PAR | | | PECURDS | | MAILING ADDRESS 2525 SQUTH MICHIGAN AVENUE, CHICAGO, IL, 60616 | | | | | |
| MARY JURISIC | | : <u>- 1</u> | | . 112001.100 | | LOCATION - CH | Ý ÔR TOWN A | NO STATÉ | DATEOF | DISPOSITION | |
| METHOD OF DISPOSITION BURIAL | : LH/2 | E OF DISPO | Jewerat How Devices | E & MEMORIAL PARI | κ . | STICKNEY, | | | 1 | н 09, 2013 | |
| EUNERAL HOME | | TOOTIO | ***** | HICKED II I | ene i e | | : | | | | |
| DALCAMO FUNERAL H |)ME, 470 WES | 1 2017 5 | MEET, C | HICAGO, IL | 000.10 | | FUNERAL D | RECTÓR'S | ILLINOIS LIC | ENSE NUMBER | + |
| FUNERAL DIRECTOR'S NAME BERNARD M DALCAMO | | | | | | | 034010 DATE FILED | | i projeta | Δİ | |
| LOCAL REGISTRAP'S NAME DAVID ORFI | | | ز)_ | | | | | 18,2013 | | <u>~~</u> | <u>:i</u> |
| CAUSE OF DEATH PART | . SEPSIS | | | 0/ | , | | : * | ٠ | 留 音 | | |
| IMMEDIATE CAUSE (Final disease or gandison | 8. | | - Control Control | e to for all a corter and | a. te of/c | | | SOOKING STE | IMERVAL BETWEEN ONSET AND DEATH | -, | |
| essuling in destil) | b. PNEUMONIA | | | | | | | | 7.4L (| | |
| | | | | | Q , | | <u> </u> | | MSE | | |
| | - FOLUCULAR | LYMPHOM | | i, pz. (Di, 99 9 doubeding | LLICA OLI | / | | - | ± 0 | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | 1/X, | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | p (or this consotrue | | | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| PART II. Enler other significent co. | nditions contributi | g to death i | but not resultin | ig In the underlyin | g dauşé | given in PART I. | | WAS AN AU | TOPSY PER | FORMED? NO | |
| | * * * | | | | | | -/_ | WERE AUT | OPSY FINDII CAUSE OF | NGS USED TO DEATH? N/A | |
| FEMALE PREGNANCY STATUS | | 1 | | | " | | | MANNER O | FOEATH | | |
| NOT APPLICABLE | | Test of or its | r it offer | PLACE OF | nti maryo | | <u> </u> | NATURA | \ <u></u> | INJURY AT W | /QHK? |
| DATE OF INJURY | | TIME OF IN | DUHT | PUNCEUP | INJUM? | | | <u>S</u> | | | |
| LOCATION OF INJURY | · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | | , | | | | | | • |
| DESCRIBE HOW INJURY OCCURR | | -: | | | , | 7. | | IF: | TRANS (UR) | ATION INJURY, | SPECIFY: |
| DESCRIBE OF ALLWORN COOCH | | | • | | , | | | | | | |
| ATTEND THE DECEASED? YES | DATE LAST SEEN. MARCH 03, | | | CAL EXAMINER O | DA NO | DATE | PRONQUNCER | | | D1:14 PM | |
| CERTIFIER PHYSICIAN | | | · · · · · · · · · · · · · · · · · · · | , | | | | DA | TE CERTIFI MARCH (| eo 14, 2013 | |
| NAME, ADDRESS AND ZIP CODE | OF PERSON COMP | LETING CAL | JSE OF DEAT | H | (A L/TAPET | EUC16 | · | | | S LICENSE NUN | BER |
| DR. DENNIS HONG, 252 | 25 SOUTH MIC | HIGAN A | VENUE, C | MICAGO: ILL | INCIO, | 00010 | | | OD9-07 | | |



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.



