

# UNOFFICIAL COPY

## DECEASED JOINT TENANCY AFFIDAVIT



Doc#: 1432547007 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 11/21/2014 04:03 PM Pg: 1 of 3

STATE OF ILLINOIS     )  
                                  ) ss.  
COUNTY OF COOK     )

**JEWELL HURST**, being duly sworn states that he resides at 13320 South Richmond Avenue, Robbins, IL 60472.

That he was acquainted with **FLORIDA M. HURST**, deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as follows:

LOT 6 (EXCEPT THE NORTH 27 FEET THEREOF) IN BLOCK 2 IN CLAIRE BOULEVARD SUBDIVISION IN THE SOUTH WEST 1/4 OF SECTION 36, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly Known As: 13320 South Richmond Avenue, Robbins, IL 60472

Permanent Real Estate Index Number: 24-36-317-022-0010

AND

LOT 39 IN BLOCK 2 IN BOULEVARD HIGHLANDS, BEING A SUBDIVISION IN THE SOUTHWEST QUARTER OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly Known As: 3722 West 140th Place, Robbins, IL 60472

Permanent Real Estate Index Number: 28-02-323-039

AND

LOTS 7 AND 8 IN BLOCK 4 IN BLUE ISLAND HIGHLANDS SECOND ADDITION, BEING A SUBDIVISION IN THE EASTWEST QUARTER OF SECTION 2, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN AND OF LOT 14 AND THAT PART OF LOT 11 LYING SOUTH OF PUBLIC ROAD AS NOW LIES OUT AND USED IN EGAN'S SUBDIVISION IN THE NORTHWEST QUARTER OF SECTION 2, 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

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Commonly Known As: 3805 West 139th Street, Robbins, IL 60472

Permanent Real Estate Index Number: 28-02-303-007-0000 and 28-02-303-008-0000

That the deceased died February 25, 2009, 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 which is attached hereto to be filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois.

            Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois about April 2009.

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 the death of the deceased does not exceed the sum of One Hundred Fifty Thousand Dollars.

Affiant makes this affidavit for that purpose of providing notice and inducing a title company to issue its Title Insurance Policy, describing the above mentioned property.

Jewell Hurst  
JEWELL HURST

Subscribed and sworn to before me this

11 day of Nov, 2014.

Frank J. Ryan  
Notary Public



This document prepared by: FRANK J. RYAN, Attorney at Law, P. O. Box 156, 4849 West 167th Street, Suite #102, Oak Forest, IL 60452, (708) 633-9600.

# STATE OF ILLINOIS CERTIFICATE OF DEATH UNOFFICIAL COPY

REGISTRATION DISTRICT NO. <b>16.0</b>		LOCAL FILE NUMBER		STATE FILE NUMBER	
1. DECEDENT'S LEGAL NAME (include AKA's if any) (First, Middle, Last) <b>Florida M Hurst</b>			2. SEX <b>Female</b>	3. DATE OF DEATH (Month/Day/Year) (Spell Month) <b>February 25, 2009</b>	
4. COUNTY OF DEATH <b>Cook</b>		5a. AGE AT LAST BIRTHDAY (Years) <b>68</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month/Day/Year) <b>December 1, 1940</b>
7a. CITY OR TOWN <b>Oak Lawn</b>		7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number) <b>Advocate Christ Medical Center</b>			
7c. PLACE OF DEATH (Check only one; see instructions) IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long-term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify): _____					
8. BIRTHPLACE (City and State or Foreign Country) <b>West Helena, AR.</b>		9. SOCIAL SECURITY NUMBER <b>429-72-6383</b>		10. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
11. SURVIVING SPOUSE'S NAME (if wife, give full name prior to first marriage) <b>Jewell Hurst</b>		12. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
13a. RESIDENCE (Street and Number) <b>13320 South Richmond Ave.</b>		13b. APT. NO.	13c. CITY OR TOWN <b>Robbins</b>		13d. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13e. COUNTY <b>Cook</b>	13f. STATE <b>IL.</b>	13g. ZIP CODE <b>60472</b>	14. FATHER'S NAME (First, Middle, Last) <b>Jerry Neal, Sr.</b>		15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) <b>Melvina Williams</b>
16a. INFORMANT'S NAME <b>Jewell Hurst</b>		16b. RELATIONSHIP <b>Husband</b>		16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code) <b>13320 South Richmond Ave. Robbins, IL. 60472</b>	
17. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify): _____		18. PLACE OF DISPOSITION (Name of cemetery, crematory, other) <b>Burr Oak Cemetery</b>		19. LOCATION - CITY, TOWN AND STATE <b>Alsip, Illinois</b>	
20. DATE OF DISPOSITION (Month/Day/Year) <b>03-03-09</b>		21. FUNERAL HOME NAME: <b>W.W. Holt Funeral Home</b> ADDRESS: <b>175 West 159th Street Harvey, Illinois 60426</b>			
21b. FUNERAL DIRECTOR'S SIGNATURE <i>W.W. Holt</i>		21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>10992</b>			
22. LOCAL REGISTRAR'S SIGNATURE <i>David Orr</i>		23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year) <b>MAR 03 2009</b>			
24. PART I. CAUSE OF DEATH (See instructions and examples). Enter the chain of events - diseases, injuries or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing etiology. If the decedent had a permanent related disease, Parkinson's Disease, or Parkinson Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <b>SEPTIC SHOCK</b> Due to (or as a consequence of):					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. <b>METASTATIC MULTIPLE MYELOMA</b> 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.					
25. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
27. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
28. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past 12 months <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant within one year of death but time unknown <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past 12 months					
29. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation		30. DATE OF INJURY (Month/Day/Year)			31. TIME OF INJURY <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
32. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)		33. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. LOCATION OF INJURY Street and Number: _____ Apartment Number: _____ City or Town: _____ State: _____ ZIP Code: _____					
35. DESCRIBE HOW INJURY OCCURRED: _____					
36. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): _____					
37. (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON: <b>2/25/09</b>		38. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE PRONOUNCED (Month/Day/Year) <b>February 25, 2009</b>	
40. TIME OF DEATH <b>4:25</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.					
41. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24) <b>RAYMOND J WESSE, MD 4040 W. 111<sup>TH</sup> ST., OAK LAWN, IL 60455</b>				43. PHYSICIAN'S LICENSE NUMBER <b>026070965</b>	
44. TITLE OF CERTIFIER <b>PHYSICIAN</b>		45. DATE CERTIFIED (Month/Day/Year) <b>2/26/09</b>		46. SIGNATURE OF CERTIFIER <i>Raymond J Wesse</i>	

Based on the 2003 U.S. Standard Certificate (Illinois Department of Public Health - Division of Vital Records) VR2000 (Rev. 1/08)

This is to certify that this is a true and correct copy of the official death record filed with the Illinois Department of Public Health.

STATE OF ILLINOIS  
County of Cook

DAVID ORR, County Clerk

MAR 03 2009

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

*David Orr*  
COUNTY CLERK