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Doc#: 1511916050 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 04/29/2015 02:34 PM Pg: 1 of 3

AFFIDAVIT REGARDING DECEASED JOINT TENANT

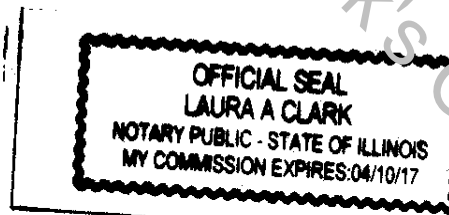
STATE OF ILLINOIS)
) SS
COUNTY OF)
DATE. 4/28/2015

Edward R. Bibbs, being first duly sworn says;

1. That I reside at 633 S. 20th Ave Maywood, IL 60153.
2. That I was acquainted with Lora B. Bibb my wife, who died on 8/20/1996, as evidenced by the attached certified copy of the death certificate.
3. That the said decedent was one of the owners of the land described in the attached recorded deed.
4. That said decedent died leaving no last will and testament
5. That the total value of said decedent's estates for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ \$100,000

Affiant's Signature

Subscribed and sworn to
Before me this 28th
Day April,
2015

Notary Public

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LEGAL DESCRIPTION

For the premises commonly known as: 1019 N. Ridgeway Ave. Chicago, Illinois 60651
Permanent Real Estate Index Number(s): 16-02-314-016-0000

THIS IS AN EXEMPT TRANSFER UNDER E

The North 10 feet of Lot 31 and the South 20 feet of Lot 32 in Block 6 in Treats Subdivision of the North 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.

Property of Cook County Clerk's Office

This instrument was prepared by:
Jennifer A. Blanc *LAWYER*
1 Westbrook Corporate Center
Suite 300
Westchester, IL 60154

Send subsequent tax bills to:
IXCHEL R. BIBBS
P.O. BOX 1435 OAK PARK,
ILLINOIS 60304

Mail deed to:
IXCHEL R. BIBBS
P. O. BOX 1435 OAK PARK,
ILLINOIS 60304

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I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

August 23, 1996

DATE

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

SIGNED

Jesolina Danek
Official Title Chief Deputy Registrar

REGISTRATION DISTRICT NO. 160		STATE OF ILLINOIS		NUMBER	
DECEASED-NAME FIRST MIDDLE LAST		LORA BIBBS		SEX	
COUNTY OF DEATH		COOK		DATE OF BIRTH (MONTH, DAY, YEAR)	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		LORA		DATE OF DEATH (MONTH, DAY, YEAR)	
6a. A. GRANGE		6b. COLUMBIA LAGRANGE MEMORIAL HOSPITAL		DATE OF BIRTH (MONTH, DAY, YEAR)	
BIRTH PLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING HOUSE (NAME, NAME, SUFFIX)		DATE OF BIRTH (MONTH, DAY, YEAR)	
7. MINA CITY, MS.		L. BIBBS		DATE OF BIRTH (MONTH, DAY, YEAR)	
SOCIAL SECURITY NUMBER		NAME OF BUSINESS OR INDUSTRY		DATE OF BIRTH (MONTH, DAY, YEAR)	
-7463		OWN HOME		DATE OF BIRTH (MONTH, DAY, YEAR)	
13a. 633 S. 20th AVE		12. YRS.		DATE OF BIRTH (MONTH, DAY, YEAR)	
STATE ILLINOIS		INSIDE CITY		DATE OF BIRTH (MONTH, DAY, YEAR)	
13b. ILLINOIS		COUNTY COOK		DATE OF BIRTH (MONTH, DAY, YEAR)	
FATHER NAME FIRST MIDDLE LAST		13c. MAYWOOD		DATE OF BIRTH (MONTH, DAY, YEAR)	
STEVE HARRIN		13d. COOK		DATE OF BIRTH (MONTH, DAY, YEAR)	
MOTHER NAME FIRST MIDDLE LAST		13e. JENNY		DATE OF BIRTH (MONTH, DAY, YEAR)	
KRISTINA CUCCI		13f. SPRINGFIELD		DATE OF BIRTH (MONTH, DAY, YEAR)	
17. PART I: Immediate Cause (Final disease or condition resulting in death)		17b. PART II: Other significant conditions contributing to the death (including the underlying cause given in PART I)		DATE OF BIRTH (MONTH, DAY, YEAR)	
18. PART I: (a) UROSEPSIS (b) METASTATIC RENAL CELL CANCER		17b. PART II: (a) UROSEPSIS (b) METASTATIC RENAL CELL CANCER		DATE OF BIRTH (MONTH, DAY, YEAR)	
19. AUTOPSY (YES/NO)		20. DATE OF OPERATION		DATE OF BIRTH (MONTH, DAY, YEAR)	
NO		20a. DATE OF OPERATION		DATE OF BIRTH (MONTH, DAY, YEAR)	
21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		DATE OF BIRTH (MONTH, DAY, YEAR)	
22. SIGNATURE OF CERTIFIER (TYPE OR PRINT)		21c. HOUR OF DEATH		DATE OF BIRTH (MONTH, DAY, YEAR)	
E. NORWID, M.D. 3101 W. HAWKSPRINGS RD.		4:15 P.M.		DATE OF BIRTH (MONTH, DAY, YEAR)	
22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		21d. DATE SIGNED		DATE OF BIRTH (MONTH, DAY, YEAR)	
22d. ILLINOIS LICENSE NUMBER		21e. DATE SIGNED		DATE OF BIRTH (MONTH, DAY, YEAR)	
36-092887		8/21/96		DATE OF BIRTH (MONTH, DAY, YEAR)	
23. NAME OF FUNERAL HOME		24. CEMETERY OR CREMATORY-NAME		DATE OF BIRTH (MONTH, DAY, YEAR)	
25a. GOLDEI GATE FUNERAL HOME, 2036 WEST 79th ST., CHICAGO, ILLINOIS 30620		24b. MT. HOPE		DATE OF BIRTH (MONTH, DAY, YEAR)	
25b. FUNERAL DIRECTOR'S SIGNATURE		24c. LOCATION		DATE OF BIRTH (MONTH, DAY, YEAR)	
KAREN L. SCOTT, M.D.		CHICAGO, ILLINOIS		DATE OF BIRTH (MONTH, DAY, YEAR)	
25c. LOCAL REGISTRATION NUMBER		24d. CITY OR TOWN		DATE OF BIRTH (MONTH, DAY, YEAR)	
034-012186		CHICAGO, ILLINOIS		DATE OF BIRTH (MONTH, DAY, YEAR)	
25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		24e. STATE		DATE OF BIRTH (MONTH, DAY, YEAR)	
August 23, 1996		ILLINOIS		DATE OF BIRTH (MONTH, DAY, YEAR)	

THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES.

COPY