

# UNOFFICIAL COPY



Doc#: 1512616042 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 05/06/2015 12:39 PM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

County of Cook

Mildred Moore, being duly sworn states that she resides at 9745 S. Unions Ave Chicago , IL 60625

That she was acquainted with Ben Moore, deceased who, at the time of his/her death , was one of the owners of the land in Cook County, Illinois described as follows:

*(See Attached Legal Description Rider)*

That the deceased died on as evidenced by a certified copy of the death certificate of said deceased attached hereto.

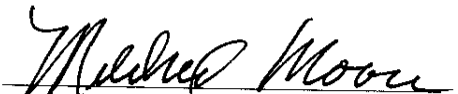
That the deceased:

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 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 on or 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 at the time of the death of the deceased, does not exceed the sum of \$100,000.00

  
Mildred Moore

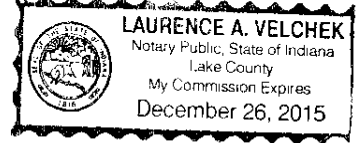
CCRD REVIEWER 

# UNOFFICIAL COPY

SUBSCRIBED and SWORN to before me on 4/30/2015

(SEAL) *Laurence Velchek*

Notary Public



## LEGAL DESCRIPTION RIDER

For the premises commonly known as: 9745 S. Union Avenue  
Chicago, Illinois 60625

Permanent Index Number(s): 25-09-118-102-0000

Legal Description:

Lot 30 and the North 5 Feet of Lot 29 in Block 10 in East Washington Heights, being a Subdivision of the West 1/2 of the Northwest 1/4 and the Southwest 1/4 of Section 9, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

Property of Cook County Clerk's Office

Prepared by:

Laurence A. Velchek  
Attorney At Law  
9130 S. Houston Avenue  
Chicago, IL 60617  
773-375-8750  
Attorney No. 21257

# UNOFFICIAL COPY

AT EVERGREEN PARK, ILLINOIS

DEPUTY REGISTRAR

DATE NOVEMBER 29, 1994

REGISTRAR *Shirley Thomas*

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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.

## STATE OF ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16:33  
REGISTERED NUMBER 866

DECEASED-NAME FIRST MIDDLE LAST

1. COUNTY OF DEATH **COOK** AGE-LAST BIRTHDAY **70** SEX **MALE** DATE OF BIRTH (MONTH, DAY, YEAR) **NOVEMBER 24, 1994**

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **EVERGREEN PARK** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **LITTLE CO. OF MARY HOSPITAL**

6a. EVERGREEN PARK MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) **MARRIED** NAME OF SURVIVING SPOUSE (Maiden name if wife) **MILDRED CALES**

7. AVON PK, FL. SOCIAL SECURITY NUMBER **111-11-1111** KIND OF BUSINESS OR INDUSTRY **INSPECTOR** NAME (Maiden name if wife) **BLOWNBY**

10. RESIDENCE (STREET AND NUMBER) **9745 SO. UNION CHICAGO** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY **YES** COUNTY **COOK**

13a. ILLINOIS ZIP CODE **60628** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **BLACK** OF HIS PARENTS (SPECIFY) **BLACK** SPECIFY: **BLACK**

15. WILL **MOORE SR.** ANNIE MAE DAVIS (Maiden) LAST

17a. MILDRED MOORE 17b. WHITE 17c. XNO MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **9745 SO. UNION CHGO, IL. 60628**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **Hypertensive & Arterial Cardomyopathy**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **(a) DUE TO OR AS A CONSEQUENCE OF**

PART II. Other significant conditions contributing to death (Do not include in the underlying cause given in PART I.)

DATE OF OPERATION, IF ANY **NO** M/JOH. FINDINGS OF OPERATION

20a. (I)(D) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) **NO** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **YES**

21a. **11/18/94** TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT) **S. J. AMEN** CHICAGO 60612

22c. NAME AND ADDRESS OF PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **BURIAL** CEMETERY OR CREMATORY-NAME **ST. MARY CEM.** LOCATION **EVERGREEN PARK** CITY OR TOWN **CHICAGO** STATE **ILLINOIS**

24a. FUNERAL HOME **GATYING'S CHAPEL 10133 SO. HALSTED CHICAGO, ILLINOIS 60628**

25b. LOCAL REGISTRAR'S SIGNATURE *Shirley Thomas* DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOVEMBER 29, 1994**

25c. **034-114690**

26a. **NOVEMBER 29, 1994**