

# UNOFFICIAL COPY



Doc#: 1517419068 Fee: \$44.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 06/23/2015 11:48 AM Pg: 1 of 4

Property of Cook County Clerk's Office

## Deceased Joint Tenant Affidavit

ORNTIC File Number: 1560102 1/2  
Old Republic National Title  
20 South Clark, Suite 2000  
Chicago, IL 60603  
312/641-7799

CCRD REVIEWER     RW

# UNOFFICIAL COPY

## DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS                    }  
   }  
   } SS  
 COUNTY OF COOK                    }

#1560102 2/2

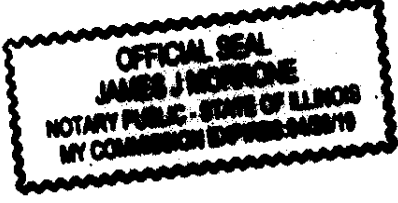
Bernice H. Willis, being first duly sworn, for the purpose of inducing <sup>Old</sup> Republic Title Insurance Company to issue its' title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at 4818 W. Superior St., Chicago, IL
2. That he/she was acquainted with Rosa L. Jordan who died on 10/8/14, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
  - leaving no last will and testament
  - leaving a last will and testament, a copy of which is attached
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 100,000.

Bernice H. Willis  
 Affiant's Signature

Subscribed and sworn to before me this 2 day of JUNE, 2015

[Signature]  
 Notary Public



Old Republic National Title  
 Insurance Company  
 20 S Clark Street Ste 2000  
 Chicago IL 60603

# UNOFFICIAL COPY

*The West 1/2 of Lot 12 and All of Lot 13 in the Resubdivision of Block 5 in George C. Campbell's Subdivision of the Northeast 1/4 of the Northeast 1/4 of Section 9, Township 39 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois*

*Commonly known as 4818 W. Superior St., Chicago, Illinois 60644  
P.I.N. 16-09-204-025-0000*

*Prepared by +  
Mail Book to:*

*James J. Morrone  
12820 S. Ridgeland Ave. Suite C,  
Palos Heights, IL 60463*

Cook County Clerk's Office

# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

### HILLSIDE, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 0077748

DATE ISSUED 10/16/2014

DECEASED PERSON'S NAME ROSAL JORDAN		SEX FEMALE	DATE OF DEATH OCTOBER 08, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH MARCH 30, 1934		
CITY OR TOWN PROVIDENT		HOSPITAL OR OTHER INSTITUTION NAME FOSTER G MC GAW HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE SIDON, MS	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE'S NAME (IF OTHER THAN DECEASED) NONE	
RESIDENCE 1819 WEST CURRIER ST		APT. NO.	CITY OR TOWN CHICAGO	NEAR CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60644	MOTHER'S MAIDEN NAME (IF NOT MARRIED) ALBERT HARRINGTON	ACQUAINTANCE'S NAME (IF NOT MARRIED) EMMA SPRIGGS
NEEDMANT'S NAME MAURICE HARRINGTON		RELATIONSHIP SON	MAILING ADDRESS 4518 WEST SUPERIOR ST, CHICAGO, IL 60644	
METHOD OF INTERMENT BURIAL		PLACE OF INTERMENT FOREST HOME CEMETERY	LOCATION - CITY OR TOWN AND STATE FOREST PARK, IL	DATE OF INTERMENT OCTOBER 18, 2014
FUNERAL HOME CORBIN COLONIAL FUNERAL CHAPEL INC, 5047 WEST MADISON STREET, CHICAGO, IL 60644				
FUNERAL DIRECTOR'S NAME DOREEN GUANO CORBIN		FUNERAL HOME'S LICENSE NUMBER 021600200		
LOCAL REGISTRY NAME ANTHONY WILLIAMS		DATE FILED WITH LOCAL REGISTRY OCTOBER 16, 2014		
CAUSE OF DEATH PART I: END STAGE RENAL DISEASE				
IMMEDIATE CAUSE HYPERKALEMIA				
Due to or as a consequence of:				
Due to or as a consequence of:				
Due to or as a consequence of:				
PART II: List other significant conditions contributing to death but not resulting in the underlying cause given in PART I				
WAS AN AUTOMOBILE DRIVER?			YES/NO	
WAS AN AUTOMOBILE OPERATOR?			YES/NO	
WAS AN AUTOMOBILE PASSENGER?			YES/NO	
WAS AN AUTOMOBILE OPERATOR OR PASSENGER AT TIME OF DEATH?			YES/NO	
WAS THE DECEASED PREGNANT WITHIN LAST YEAR?				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	WAS AT WORK?	
NATURE OF INJURY OCCURRED:			MANNER OF INJURY (SPECIFY)	
ATTENDING PHYSICIAN?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR PHYSICIAN CONTACTED?	DATE OF EXAMINATION	TIME OF DEATH
YES	OCTOBER 08, 2014	NO	OCTOBER 08, 2014	08:56 PM
SIGNATURE AND TITLE OF PHYSICIAN OR PERSON SIGNING CAUSE OF DEATH JENNIFER MICHELLE RAY, MD, 2101 SOUTH FIRST AVENUE, MAYWOOD, ILLINOIS 60158			OFFICIAL USE ONLY	

69985

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.

OCT 15 2014

*[Signature]*  
TOWNSHIP CLERK