

# UNOFFICIAL COPY

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Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 09/14/2015 04:32 PM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois )  
County of Rock ) st.  
Brenda Banks  
being first duly sworn states that  
she  
resides at 7254 S. Veemon  
in the City of Chicago, Ill.

That Brenda Banks was acquainted with Richard Banks Sr.  
Deceased who, at the time of 7-2-2015 death, was one of the owners, of the land in \_\_\_\_\_

County, Illinois, described as: LOT 9 PAUL WEINHEIMERS SUBDIVISION OF THE SOUTHWEST 1/4 OF NORTHWEST 1/4 OF SOUTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 27, TOWNSHIP 38 NORTH, RANCH 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. 20-27-416-039-0000

That the deceased died 07-2-2015 7754 S Veemon, 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 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 \_\_\_\_\_ County, Illinois.
  - Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_ County, Illinois about \_\_\_\_\_

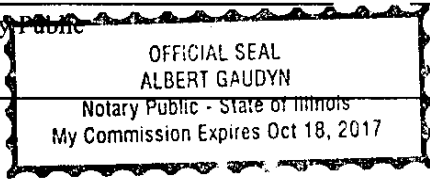
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy of the time of the death of the deceased, does not exceed the sum of 0 dollars.

Affiant makes this affidavit for that purpose of inducing the Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said  
Brenda Banks

this 14 day of September, A.D. 2015

Albert Gaudyn Notary Public Brenda Banks (affiant's signature)



BMB

# UNOFFICIAL COPY

## CERTIFICATION OF DEATH RECORD

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

STATE FILE NUMBER 2015 0053689

DATE ISSUED 7/8/2015

DECEDENT'S LEGAL NAME <b>RICHARD BANKS SR</b>		SEX <b>MALE</b>	DATE OF DEATH <b>JULY 02, 2015</b>	
COUNTY OF DEATH <b>COOK</b>	AGE AT LAST BIRTHDAY <b>90 YEARS</b>	DATE OF BIRTH <b>MAY 25, 1925</b>		
CITY OR TOWN <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION NAME <b>7754 S VERNON</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>				
BIRTHPLACE <b>CLARKSDALE, MS</b>	SOCIAL SECURITY NUMBER <b>[REDACTED] 3793</b>	STATUS AT TIME OF DEATH <b>WIDOWED</b>	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? <b>NO</b>
RESIDENCE <b>7754 S VERNON</b>	APT. NO.	CITY OR TOWN <b>CHICAGO</b>	INSIDE CITY LIMITS? <b>YES</b>	
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60619</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>UNAVAILABLE UNAVAILABLE</b>	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>EMILY WRIGHT</b>
INFORMANT'S NAME <b>PAMELA BANKS</b>		RELATIONSHIP <b>DAUGHTER</b>	MAILING ADDRESS <b>7754 S VERNON, CHICAGO, IL, 60619</b>	
METHOD OF DISPOSITION <b>BURIAL</b>	PLACE OF DISPOSITION <b>RESTVALE CEMETERY</b>	LOCATION - CITY OR TOWN AND STATE <b>ALSIP, IL</b>	DATE OF DISPOSITION <b>JULY 18, 2015</b>	
FUNERAL HOME <b>A.A RAYNER AND SONS SOUTH, 318 EAST 71ST STREET, CHICAGO, IL, 60619</b>				
FUNERAL DIRECTOR'S NAME <b>IVAN EDWARD RAYNER</b>			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034010200</b>	
LOCAL REGISTRAR'S NAME <b>DAVID ORR</b>			DATE FILED WITH LOCAL REGISTRAR <b>JULY 8, 2015</b>	
<b>CAUSE OF DEATH</b> PART I. <b>PANCREAS CANCER</b>				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	UNKNOWN UNKNOWN	
		b.	Due to (or as a consequence of):	
		c.	Due to (or as a consequence of):	
			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.			WAS AN AUTOPSY PERFORMED? <b>NO</b>	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>			MANNER OF DEATH <b>NATURAL</b>	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? <b>NO</b>	DATE LAST SEEN ALIVE <b>UNKNOWN</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>	DATE PRONOUNCED	TIME OF DEATH <b>02:02 PM</b>
CERTIFIER <b>PHYSICIAN</b>			DATE CERTIFIED <b>JULY 06, 2015</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>PAOLA SMITH, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515</b>			PHYSICIAN'S LICENSE NUMBER <b>038076179</b>	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE