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Doc#: 1528944032 Fee: \$44.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 10/16/2015 01:00 PM Pg: 1 of 4

Above is for recorder use only

Deceased Joint Tenant Affidavit

Prepared by and after recording return to:

Codilis and Associates, P.C.

15W030 N. Frontage Road Suite #100

Burr Ridge, IL 60527

BM

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DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS

}

DATE:

} SS

COUNTY OF

}

FILE NO.: 15-03750

Karen A. Jordan, being first duly sworn, for the purpose of inducing Attorney's Title Guaranty Fund to issue its' title insurance policy covering the land described in the above captioned commitment, deposes and says:

1. That he/she resides at: **5820 W. Fulton Street, Chicago, IL 60644.**
2. That he/she was acquainted with **Clinton H. Jordan, Sr.** who died on **August 29, 2011**, 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:
 X 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 \$0.

Karen A. Jordan
Affiant's Signature

Subscribed and sworn to before me this 6 day of August, 2015
Graciela Verdugo-Grom
Notary Public

"OFFICIAL SEAL"
 GRACIELA VERDUGO-GROM
 NOTARY PUBLIC, STATE OF ILLINOIS
 My Commission Expires 08/02/2019

Graciela Verdugo-Grom

Bm

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THE WEST 33 FEET OF LOTS 18 AND 19 IN BLOCK 1 IN OGLEBAY'S SUBDIVISION OF LOTS 345, 346 AND 347 TOGETHER WITH STREETS BETWEEN SAID LOTS IN BLOCK 15 IN AUSTIN'S SECOND ADDITION TO AUSTINVILLE IN SECTION 8, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Commonly Known As: 5820 W. Fulton Street
Chicago, IL 60644

Tax Parcel Number: 16-08-402-025

Property of Cook County Clerk's Office

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CERTIFICATE OF DEATH RECORD

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

STATE FILE NUMBER 2011 0064829

DATE ISSUED 3/9/2013

DECEDENT'S LEGAL NAME CLINTON H JORDAN SR		SEX MALE	DATE OF DEATH AUGUST 29, 2011	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH JUNE 05, 1932		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME SEASONS HOSPICE AT HOLY CROSS HOSPITAL		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE MUSELLA, GA	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5820 W FULTON	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60644	FATHER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BOISE JORDAN	MOTHER'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLORALUE JONES
INFORMANT'S NAME KAREN JORDAN	RELATIONSHIP DAUGHTER	MAILING ADDRESS 5820 W FULTON, CHICAGO, IL, 60651		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION PLEASANT GROVE CEMETERY	LOCATION - CITY OR TOWN AND STATE MUSELLA, GA	DATE OF DISPOSITION SEPTEMBER 07, 2011	
FUNERAL HOME WALLACE HARRISON FUNERAL SVC, INC., 2026 S 11TH AVE, MAYWOOD IL, MAYWOOD, IL 60153				
FUNERAL DIRECTOR'S NAME NAKIA WALLACE-HARRISON		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016245		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 1, 2011		
CAUSE OF DEATH PART I. LUNG CANCER IMMEDIATE CAUSE (Final disease or condition resulting in death) a. [REDACTED] Due to (or as a consequence of) b. [REDACTED] Due to (or as a consequence of) c. [REDACTED] 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? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A MANNER OF DEATH NATURAL	
FEMALE PREGNANCY STATUS NOT APPLICABLE				
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:			IF TRANSFERRED FROM INJURY, SPECIFY:	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:40 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 01, 2011	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH AMIN MO SANJAY, 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016			PHYSICIAN'S LICENSE NUMBER 036047165	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

Personal Information Redacted

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

