UNOFFICIAL COPY

Illinois statutory - Cook County

AFFIDAVIT OF DEATH OF JOINT TENANT

MAIL TO:

Charlestine Brandy 4443 S. LeClaire Ave. Chicago, IL 60638

NAME AND ADDRESS OF TAXPAYLR

Charlestine Brandy 4443 S. LeClaire Ava. Chicago, IL 60638

State of Illinois)

County of Cook

Doc#: 1534215083 Fee: \$42.00 RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 12/08/2015 03:21 PM Pg: 1 of 3

<u>Charlestine Brandy</u>, hereinafter called "Affiant", being of legal age and being duly sworn, deposes and hereby states the following:

- 1.) The Affiant resides at 4443 S. LeClaire Ave. Chicago, Illinois.
- 2.) That J.D. Brandy, hereafter referred to as "Deceased' died on $\frac{6/20/2011}{}$ as evidenced by a copy of Deceased's death certificate attached hereto.
- 3.) That Affiant was acquainted with Deceased, who was her <u>HUSBAND</u> and joint tenant of this property, and at the time of Deceased's death, the Deceased was one of the owners of the land in Cook County, Illinois, described as:

LEGAL DESCRIPTION:

LOT 23 IN BLOCK 10 IN FREDERICK H. BARTLETT'S CLNTRAL CHICAGO SUBDIVISION IN THE NORTHEAST 1/4 AND FIFE SOUTHEAST 1/4 OF SECTION 9 AND IN THE SOUTHEAST 1/4 OF SECTION 4 TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

STREET ADDRESS: 4443 S. LeClaire Ave., Chicago, Illinois, 60018 PROPERTY IDENTIFICATION NUMBER: 19-04-410-014-0000

- 4.) That the Deceased died leaving no last will and testament.
- 5.) That the total value of the estate owned by the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the Deceased's death does not exceed the sum of \$ 250,000—.

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6.) Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

FURTHER AFFIANT SAYETH NOT.

I hereby affirm under oath that the preceding statements are true to the best of my knowledge.

Charlestine Brandy, Affiant

Subscribed and sworn before me on

this 2nd

day of Perember, 2015.

Notary Public

OFFICIAL SEAL D NELSON
Notary Public - State of Illinois
My Commission Expires Jul 13, 2016

Prepared By:

The Law Office of Doug Nelson, P.C. 180 N. LaSalle St., Suite 3700 Chicago, IL 60601 (312) 239-1390

BIGOSOLOHG NEHM SOVEROV UIOV GROWELL

CERTIFICATION OF DEATH FEORIL

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

TATE FILE NUMBER 2014	0048308					DATE ISSUED	6/26/201
DECEDENT'S LEGAL NAME J.D. BRANDY						OF DEATH NE 20, 2014	
COUNTY OF BEATH COOK		AGE AT LAST BIRT 74 YEARS			E 03 , 1940		
CITY OR TOWN CHICAGO			HOSPITAL OF	OTHER INSTITUTION ECLAIRE	ON NAME		
PLACE OF DEATH DECEDENTS HOME							
BIATHPLACE DREW MS	SOCIAL SECURIT	Y NUMBER STATUS MARI		그 점점 - 기계 가능 -	USE/CIVIL UNION PARTNER'S M BTINE JACKSON	AIDEN NAME EVER IN U.S FORCES?	
RESIDENCE 4443 S LECLAIRE			APT NO.	CITY OR TOWN		INSIDE CITY LI	
<u> January Nagarak Marang at an at an a</u>	ZIP CODE	FATHER/CO PARENT'S	NAME PRIOR TO FIRST MA		MOTHER/CO-PARENT'S NAME SUSIE SUTTER	E PRIOR TO FIRST MARRIAGE/C	IVIL UNION
INFORMANT'S NAME CHARLESTINE BRANI		HELATIONSHI SPOUSI	P	MAILING ADD	4.0	II 60638	
METHOD OF DISPOSITION BURIAL	J.A.	EOF DISPOSITION			ITY OR TOWN AND STATE	DATE OF DISPOSITION JUNE 28, 2014	
FUNERAL HOME SMITH & THOMAS FUN	NERAL HOME, 57	08.V./J/2/SON	I. CHICAGO. IL. 6	0644			
FUNERAL DIRECTOR'S NAME DIANE YVETTE JOHNS					FUNERAL DIRECTOR'S 034015752	ILLINGIS LICENSE NUMBER	1
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LOCA JUNE 26, 2014	AL REGISTRAR	
CAUSE OF DEATH PAR	T1. VÄSCULAR DE	MENTIA WITH BE	HAVIO AL DISTURE	BANCE		É E	EARS
(Final disease or condition resulting in death)	b. CEREBROVAS	CULAR ACCIDENT	Due to (or as a visequence	· जी:		AND DE	EARC
	c HYPERTENSI		Dué to (or as a consequence	<u> </u>		NATION ON SET	EARS
						10 Y	EARS
PART IL Enter ofther significant c			Due to (or as a consequence ulting in the underlying ca		WAS AN AL	TOPSY PERFORMED? NO)
COHONARY ARTERY DIS	SEASE					OPSY FINDINGS USED TO CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE					MANNER O		
DATE OF INJURY		TIME OF INJURY	PLACE OF IN	URY		INJURYAT	WORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCU	ARÉD;				T.	TAAN. POOL, TION INJURY	SPECIFY:
ATTEND THE DECEASED?	DATE LAST SEEN A		EDICAL EXAMINER OR ER CONTACTED? Y		PRONOUNCED	TIME OF DEA 07:15 PM	
CERTIFIER PHYSICIAN						TE CERTIFIED JUNE 25, 2014	
NAME, ADDRESS AND ZIP CODI						PHYSICIAN'S LICENSE NU	MBER



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.

