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SPECIAL NOTICE:
This form is not required by law, nor is it a requirement of the Cook County Recorder of Deeds Office. CCROD employees **CANNOT** assist with the completion of this LEGAL form, or provide advice regarding it.

Doc#: 1600816079 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 01/08/2016 02:46 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

INSTRUMENT PREPARED BY:

Annie P. Cross (NAME)
5032 W. Division (ADDRESS)
Chicago, IL (CITY/STATE)
60651 (ZIP CODE)

I Annie P. Cross the surviving tenant of the joint tenancy created by the deed with document number: _____ do hereby declare under oath that the joint tenant, Russell Cross died on 11/19/2015 as evidenced by the attached certified copy of his or her death certificate (see attached). I also declare that the aforementioned named joint tenant was an owner of the property with the legal description of:

the Property Identification Number (PIN) of:
16-04-223-029-0000
& the Commonly Known Address of:

5032 W Division
Chicago, IL 60651

Furthermore, the deceased tenant died:

Leaving NO LAST WILL & TESTAMENT

Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the UNPROVEN WILL BE filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____

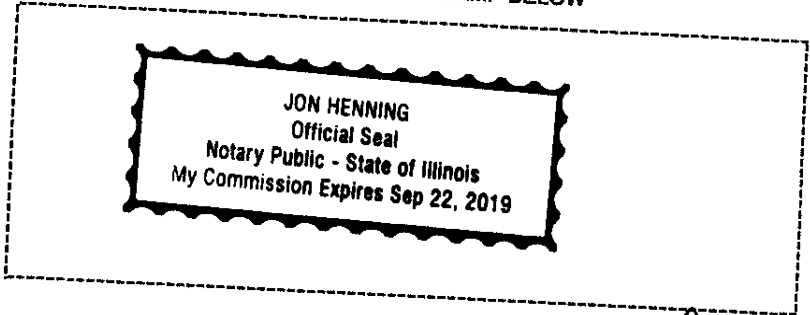
Leaving a LAST WILL & TESTAMENT, which is attached, and the ORIGINAL of the PROVEN HAS BEEN filed with the Clerk of the Probate Division of the Circuit Court of _____ County, in _____

Notary & Affiant Signature Section

Subscribed and sworn to me by:
ANNIE CROSS (Printed Name of Affiant)
this: 8 day of JANUARY, 2016

[Signature]
NOTARY PUBLIC SIGNATURE
[Signature]
AFFIANT/SURVIVING TENANT SIGNATURE

AFFIX NOTARY STAMP BELOW



CCROD CLERK [Signature]

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 16042230290000

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card", available from the counter clerk or at our website www.cookcountyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number). If this is not the item you requested, please notify the clerk.

1	6	0	4	2	2	3	0	2	9	7	7	0	1	5	5	1	1	7	5	6				
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	ALP	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX														

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME **543**

AREA	SUB-AREA	BLOCK	PARCEL	TAX CODE			LOT	SUB-LOT	LOT	BLOCK
				SFC.	TOWN	RANGE				
				4	39	13			31	6
16	4	223	29	7701						

ST PAUL PARK ADD
E 20FT
W 10FT

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	ALP	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	FOURTH SUFFIX	FIFTH SUFFIX	SIXTH SUFFIX	SEVENTH SUFFIX	EIGHTH SUFFIX	NINTH SUFFIX	TENTH SUFFIX	ELEVENTH SUFFIX	TWELFTH SUFFIX	THIRTEENTH SUFFIX	FOURTEENTH SUFFIX	FIFTEENTH SUFFIX	SIXTEENTH SUFFIX	SEVENTEENTH SUFFIX	EIGHTEENTH SUFFIX	NINETEENTH SUFFIX	TWENTIETH SUFFIX	CARD								
00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00								
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80		
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
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46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80		

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

STATE FILE NUMBER 2015 0091579

DATE ISSUED 11/24/2015

DECEDENT'S LEGAL NAME RUSSELL CROSS JR			SEX MALE	DATE OF DEATH NOVEMBER 19, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH AUGUST 08, 1940		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME JACKSON PARK HOSPITAL		
PLACE OF DEATH INPATIENT				
BIRTHPLACE GEIGER, AL	SOCIAL SECURITY NUMBER [REDACTED]-1193	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ANNIE TURNER	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5032 W DIVISION	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60651	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALFRED CROSS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CARRIE LITTLE
INFORMANT'S NAME ANNIE CROSS	RELATIONSHIP WIFE	MAILING ADDRESS 5032 W DIVISION, CHICAGO, IL, 60651		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION NOVEMBER 28, 2015	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR NOVEMBER 24, 2015		
CAUSE OF DEATH PART I. CARDIAC ARREST IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. TUMOR LYSIS c. SEPSIS Due to (or as a consequence of): _____ PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? YES	
DATE OF INJURY			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES	
TIME OF INJURY	PLACE OF INJURY	MANNER OF DEATH NATURAL		
LOCATION OF INJURY	INJURY AT WORK?			
DESCRIBE HOW INJURY OCCURRED:			IF TRANSPORTATION INJURY, SPECIFY:	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:56 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 21, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ELIYAZAR GADDAM MD, 7531 S STONY ISLAND, CHICAGO, ILLINOIS, 60649			PHYSICIAN'S LICENSE NUMBER 036083544	

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