

UNOFFICIAL COPY

SPECIAL NOTICE:

This form is NOT required by law, nor the Cook County Recorder of Deeds (CCRD). CCRD employees CANNOT assist with the preparation of this, or ANY LEGAL FORM.



Doc#: 1614545042 Fee: \$42.00
RHSP Fee: \$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 05/24/2016 10:44 AM Pg: 1 of 3

PREPARED BY:

PAULA STINSON-SANDERS
3115 S. MICHIGAN AVE #103
CHICAGO, IL 60616

DECEASED JOINT TENANCY AFFIDAVIT

I, PAULA STINSON-SANDERS the surviving tenant of the joint tenancy created by the deed with the document number: 161331503A do hereby declare under oath that the joint tenant WILLIAM SANDERS died on Apr. 9 2014 as evidenced by the attached certified copy of her/his death certificate (see attached). I also declare that the aforementioned joint tenant was an owner of property with the following details:

LEGAL DESCRIPTION

SEE ATTACHED

PROPERTY IDENTIFICATION NUMBER (PIN):

1 7 - 3 4 - 1 0 2 - 0 5 1 - 1 0 0 3

COMMONLY KNOWN ADDRESS:

3115 S. MICHIGAN #103
CHICAGO, IL 60616-3153

Finally, I declare that the status of the deceased joint tenant at the time of her/his death was the following:

Leaving NO LAST WILL & TESTAMENT

Leaving an UNFILED WILL & TESTAMENT (ATTACH)

Leaving a FILED WILL & TESTAMENT (ATTACH)

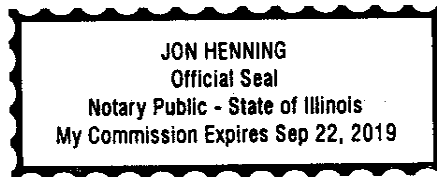
NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

JON HENNING
Affiant Signature:
Paula Stinson-Sanders

On the Following Date:

5/24/16



Bm

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Exhibit A

LEGAL DESCRIPTION OF REAL ESTATE

UNIT NO. 3115-103 IN THE MICHIGAN INDIANA PLACE CONDOMINIUM (AS HEREINAFTER DESCRIBED), TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, WHICH UNIT AND COMMON ELEMENTS ARE COMPRISED OF:

- (A) THE LEASEHOLD ESTATE (SAID LEASEHOLD ESTATE BEING DEFINED IN PARAGRAPH 1(H) OF THE CONDITIONS AND STIPULATIONS OF THE POLICY), CREATED BY THE INSTRUMENT HEREIN REFERRED TO AS THE LEASE, EXECUTED BY: ILLINOIS INSTITUTE OF TECHNOLOGY, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, AS LESSOR, AND MICHIGAN PLACE LLC, AN ILLINOIS LIMITED LIABILITY COMPANY, AS LESSEE, DATED DECEMBER 7, 1999, WHICH LEASE WAS RECORDED FEBRUARY 29, 2000 AS DOCUMENT 00147967, AND ASSIGNMENT THERETO RECORDED APRIL 19, 2001 AS DOCUMENT NUMBER 0010318057 WHICH LEASE DEMISES THE LAND (AS HEREINAFTER DESCRIBED) FOR A TERM OF YEARS ENDING DECEMBER 31, 2098 (EXCEPT THE BUILDINGS AND IMPROVEMENTS LOCATED ON THE LAND); AND
- (B) OWNERSHIP OF THE BUILDINGS AND IMPROVEMENTS LOCATED ON THE FOLLOWING DESCRIBED LAND:

CERTAIN PARTS OF BLOCK 1 IN CHARLES WALKER'S SUBDIVISION OF THAT PART NORTH OF THE SOUTH 60 ACRES OF THE WEST ½ OF THE NORTHWEST ¼ OF SECTION 34, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, AS DELINEATED ON A SURVEY IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT NUMBER 0010205852, AS AMENDED FROM TIME TO TIME, ALL IN COOK COUNTY, ILLINOIS

Address: 3115 SOUTH MICHIGAN AVENUE UNIT 103 CHICAGO ILLINOIS 60616
PIN:17-34-102-051-1003

UNOFFICIAL DEATH RECORD

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

STATE FILE NUMBER 2015 0029888

DATE ISSUED 4/14/2015

DECEDENT'S LEGAL NAME WILBURN SANDERS			SEX MALE	DATE OF DEATH APRIL 09, 2015
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 82 YEARS	DATE OF BIRTH JULY 07, 1932		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME VITAS HOSPICE AT MERCY HOSPITAL		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME PAULA STINSON	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 3115 S MICHIGAN	APT. NO. 103	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60616	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HENRY SANDERS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EMMA E HUNT
INFORMANT'S NAME PAULA SANDERS		RELATIONSHIP WIFE	MAILING ADDRESS 3115 S MICHIGAN APT 103, CHICAGO, IL, 60616	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY	LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION APRIL 14, 2015	
FUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED ST, CHICAGO, IL, 60628				
FUNERAL DIRECTOR'S NAME MARGUERITE GATLING			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014380	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR APRIL 14, 2015	
CAUSE OF DEATH PART I. SMALL CELL LUNG CANCER				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b.		
		c.		
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
		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.			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
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? YES	DATE LAST SEEN ALIVE APRIL 09, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 04:15 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED APRIL 13, 2015	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR JOEHAIRE HAMDAN DO, 2525 S MICHIGAN, CHICAGO, ILLINOIS, 60616			PHYSICIAN'S LICENSE NUMBER 036125224	

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM