

# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT



Doc#: 1620313047 Fee: \$42.00  
RHSP Fee: \$9.00 RPRF Fee: \$1.00  
Karen A. Yarbrough  
Cook County Recorder of Deeds  
Date: 07/21/2016 01:32 PM Pg: 1 of 3

STATE OF ILLINOIS )  
 ) SS  
COUNTY OF COOK )

Re: (SEE ATTACHED)

PIN #: 15-14-111-009-0000

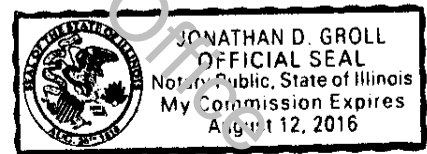
(the above space for Recorder's use only)

Audrey Scott Brown, being first duly sworn, deposes and states that she is of legal age and that she is a resident of the Village of Maywood, Cook County, Illinois.

She further states that she is the surviving spouse of Oliver Alexander Brown, Jr., deceased, who died, intestate, on March 10, 1989, being a resident of the Village of Maywood, Cook County, Illinois, at the time of his death. She further states that she and her said husband acquired title to said property, as joint tenants and not as tenants in common.

Affiant further states that there was no Federal Estate Tax due the United States Government and no Illinois Estate Tax due the State of Illinois by reason of the death of the decedent because of there being insufficient assets subject to either of said taxes to result in either of said taxes being due by reason of his death.

Dated: 6/15, 2016



This instrument was prepared by and should be returned to:

Jonathan D. Groll  
Jonathan D. Groll, Ltd  
830 North Blvd  
Oak Park, IL 60301

Subscribed and sworn to before me this  
15 day of June, 2016

  
Notary Public

~~OCRD REVIEW~~ R

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## Legal Description

ALL OF LOTS 3 AND 4 (EXCEPT THE SOUTH 21 FEET THEREOF) AND THE NORTH 12 FEET OF THE WEST 79 FEET OF THE SOUTH 21 FEET OF LOT 4 IN BLOCK 139 IN MAYWOOD, A SUBDIVISION OF THE SOUTH ½ OF THE SOUTH WEST ¼ OF SECTION 2, THE WEST ½ OF SECTION 11, AND THE NORTH WEST ¼ OF SECTION 14, TOWNSHIP 39 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

STATE OF ILLINOIS  
(County of Cook)

DAVID ORR, COUNTY CLERK

April 14, 2016

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

*David J. Orr*  
COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>1610</b>		STATE OF ILLINOIS				STATE FILE NUMBER <b>604937</b>	
		REGISTERED NUMBER A		<b>MEDICAL CERTIFICATE OF DEATH</b>					
Type of Print in Permanent Ink See Funeral Directors, Hospital, or Physicians Handbook for Instructions		1. DECEASED'S NAME FIRST MIDDLE LAST <b>OLIVER ALEXANDER BROWN JR.</b>		SEX <b>MALE</b>		DATE OF DEATH (MONTH, DAY, YEAR) <b>MARCH 10, 1989</b>			
4. COOK		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>		AGE - LAST BIRTHDAY (YRS) <b>63</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>JANUARY 30, 1926</b>		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>LORETTO HOSPITAL</b>	
6a. CHICAGO		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>WINSTON-NC</b>		MARRIED, NEVER MARRIED, (WID, WFD), DIVORCED (SPECIFY) <b>MARRIED</b>		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>AUDREY SCOTT</b>		IF HOSP. OR INST. INDICATE D.O.A. OPENER, INPATIENT (SPECIFY) <b>INPATIENT</b>	
7. WINSTON-NC		SOCIAL SECURITY NUMBER <b>-6831</b>		USUAL OCCUPATION <b>LAWYER</b>		KIND OF BUSINESS OR INDUSTRY <b>STATE OF ILL</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12, 12, 6</b>	
10. [REDACTED]		RESIDENCE (STREET AND NUMBER) <b>1105 SO 6TH AVE</b>		CITY, TOWN, OR ROAD DISTRICT NO. <b>MAYWOOD</b>		INSIDE CITY (YES/NO) <b>YES</b>		COUNTY <b>COOK</b>	
13a. ILLINOIS		ZIP CODE <b>60153</b>		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>BLACK</b>		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <b>NO</b>			
15. OLIVER ALEXANDER BROWN SR.		FATHER'S NAME FIRST MIDDLE LAST		16. Grace Cordelia Harris		MOTHER'S NAME FIRST MIDDLE LAST			
17a. PATRICIA JAWORSKI		INFO/DONOR'S NAME (TYPE OR PRINT)		17b. A/O		RELATIONSHIP MAILING ADDRESS (STREET AND NO OR P.O. BOX, CITY OR TOWN, STATE, ZIP)			
17c. 645 SO CENTRAL CHGO IL 60644									
18. PART I		Enter the disease, injury, or complication that caused the death. Do not enter the mode of dying, such as suffocation or respiratory arrest, shock, or heart failure. List only one cause on each line.		(a) PNEUMONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>			
		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) CARCINOMA OF LUNG		<b>4 MONTHS</b>			
		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		(c)					
20a.		DATE OF OPERATION, IF ANY		20b.		MAJOR FINDINGS OF OPERATION		20c. AUTOPSY (YES/NO) <b>NO</b>	
20d.		FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>NO</b>		21a.		DATE OF OPERATION, IF ANY		21b. MAJOR FINDINGS OF OPERATION	
21c.		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		21d.		HOUR OF DEATH <b>10:10 AM</b>		21e. DATE SIGNED (MONTH, DAY, YEAR) <b>03-10-89</b>	
21f.		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a.		SIGNATURE <i>[Signature]</i>		22b. ILLINOIS LICENSE NUMBER <b>036-044069</b>	
22c.		NAME AND ADDRESS OF CERTIFIER <b>H. MORGAN M.D. 56 MADISON OAK PARK IL 60302</b>		22d.		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN ALBERT WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
23.		BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		23a.		CEMETERY OR CREMATORY - NAME <b>Buer Oak</b>		23b.	
23c.		LOCATION CITY OR TOWN STATE <b>Alsip Illinois</b>		23d.		DATE (MONTH, DAY, YEAR) <b>March 15, 1989</b>		23e.	
23f.		FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE <b>Metropolitan Funeral Services, Inc. 4400 King Dr. Chicago Illinois 60653</b>		23g.		FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		23h.	
23i.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>8706</b>		23j.		LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23k.	
23l.		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>MAR 14 1989</b>		23m.		LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		23n.	