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**JOINT TENANT AFFIDAVIT**

STATE OF ILLINOIS )

) SS

COUNTY OF COOK )



1620417034

Doc#: 1620417034 Fee: \$42.00

RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds

Date: 07/22/2016 10:11 AM Pg: 1 of 3

**CHERYL V. GORDON, Hereby referred to as the Affiant, states under oath she resides at 7958 South Green , in the City of Chicago, State of Illinois; that the affiant was acquainted with **ERNEST N. POWELL, JR.**, at the time of his death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy deed, said property located in Cook County, State of Illinois, and Legally Described as follows:**

\_\_\_\_\_  
(Legal Description)

**LOT 2 IN HUGHES RESUBDIVISION OF LOT 27 IN BLOCK "D" IN WALKER'S RESUBDIVISION OF BLOCKS "A" AND "B" AND "D" IN MORGAN PARK IN SECTION 19, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD MERIDIAN, IN COOK COUNTY, ILLINOIS.**

**Address: 11506 South Oakley Avenue, Chicago, IL 60643**

**P.I.N. 25-19-300 -034-0000**

The decedent had no interest in any business or partnership, nor held power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

The decedent died on November 4, 2015, leaving no Last Will and Testament;

The total value of decedent's estate, including the taxable interest in the above property was \$50,000.00, and the value of the above property individually was \$50,000.00.

The State of Illinois and Estate Inheritance Tax and the Federal Tax, if any that was due from the decedent's estate, has been paid in full;

The affiant makes this affidavit to induce a Attorney's Title Guaranty Fund, Inc., to issue its policy of title insurance on the above described property.

Attorney's Title Guaranty Fund, Inc.  
111 Wacker Dr., STE 2400  
Chicago, IL 60606-4650  
Attn: Search Department

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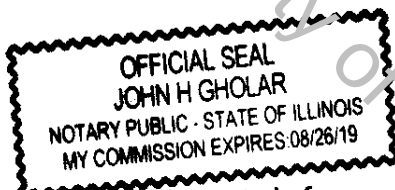
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## JOINT TENANCY AFFIDAVIT

The affiant hereby covenants and agrees, individually, and for the affiants, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold the Title Insurance company, harmless and reimburse Title Company for loss, costs, damages, suites and attorney's fees and expenses of every kind and nature that Title Company may suffer, expend or incur by reason of the issuance of said policy free and clear of the following:

1. Claims against the estate of
2. State Estate/Inheritance Tax and Federal Estate Tax maybe charged against the estate of the decedent.
3. Legacies, if any, created by the Will of aid decedent.
4. Rights of contribution.



*Cheryl V. Gordon*  
 \_\_\_\_\_  
 CHERYL V. GORDON

Subscribed and Sworn to before me this 15<sup>th</sup> day of June, 2016.

*John H. Gholar*  
 \_\_\_\_\_  
 NOTARY PUBLIC

This instrument was prepared by:

Return to:

Law Office of  
**JOHN H. GHOLAR, P.C.**  
 P.O. Box 557525  
 Chicago, IL 60655

**JUANITA POWELL**  
 1500 So. Ocean drive., #8-1  
 Hollywood, FL 33019

Clerk's Office of Cook County

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THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD UP LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2015162136

DATE ISSUED: November 10, 2015

DECEDENT INFORMATION

STATE FILE DATE: November 9, 2015

NAME: ERNEST N POWELL

DATE OF DEATH: November 4, 2015

SEX: MALE

SSN: [REDACTED]-8703

AGE: 085 YEARS

DATE OF BIRTH: March 28, 1930

BIRTHPLACE: INDIANOLA, MISSISSIPPI, UNITED STATES

PLACE OF DEATH: INPATIENT

FACILITY NAME OR STREET ADDRESS: MEMORIAL REGIONAL HOSPITAL

LOCATION OF DEATH: HOLLYWOOD, BROWARD COUNTY, 33021

SURVIVING SPOUSE, DECEDENT'S RESIDENCE AND HISTORY INFORMATION

MARITAL STATUS: MARRIED

SPOUSE (IF FEMALE, MAIDEN NAME): JUANITA POWELL

RESIDENCE: 1600 S. OCEAN DR. APT NO. 8H, HOLLYWOOD, FLORIDA 33019, UNITED STATES COUNTY: BROWARD

OCCUPATION, INDUSTRY: ATTORNEY, SELF EMPLOYED

RACE: White, Black or African American, Asian Indian, Chinese, Filipino, Native Hawaiian, Japanese, Korean, American Indian or Alaskan, Native--Tribe, Vietnamese, Other Asian, Guamanian or Chamorro, Samoan, Other Pacific Is., Other, Unknown

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

EDUCATION: MASTERS DEGREE

EVER IN U.S. ARMED FORCES? YES

PARENTS AND INFORMANT INFORMATION

FATHER: ERNEST POWELL

MOTHER: BASHTI HENDRICK

INFORMANT: JUANITA POWELL

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 1500 S. OCEAN DR. APT NO. 8H, HOLLYWOOD, FLORIDA 33019, UNITED STATES

PLACE OF DISPOSITION AND FUNERAL FACILITY INFORMATION

PLACE OF DISPOSITION: EVERGLADES CREMATORIUM  
HOLLYWOOD, FLORIDA

METHOD OF DISPOSITION: CREMATION

FUNERAL DIRECTOR/LICENSE NUMBER: ROSALIND A FINDER, F043106

FUNERAL FACILITY: ERIC L WILSON FUNERAL & CREMATION SERVICES PA F066077  
4631 W HALLANDALE BEACH BLVD, HOLLYWOOD, FLORIDA 33023

CERTIFIER INFORMATION

TYPE OF CERTIFIER: CERTIFYING PHYSICIAN

MEDICAL EXAMINER CASE NUMBER: NOT APPLICABLE

TIME OF DEATH (24 hr): 2023

CERTIFIER'S NAME: RIGOBERTO PENA

CERTIFIER'S LICENSE NUMBER: ME93488

NAME OF ATTENDING PHYSICIAN (if other than Certifier): NOT APPLICABLE

CAUSE OF DEATH AND INJURY INFORMATION

MANNER OF DEATH: NATURAL

CAUSE OF DEATH - PART I - and Approximate Interval: Onset to Death:

- a END STAGE ISCHEMIC CARDIOMYOPATHY
b END STAGE CHRONIC KIDNEY DISEASE
c CARDIO RESPIRATORY ARREST
d DYSLIPIDEMIA

PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

AUTOPSY PERFORMED? NO

AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH?

DATE OF SURGERY:

DID TOBACCO USE CONTRIBUTE TO DEATH? NO

REASON FOR SURGERY:

IF FEMALE, NOT APPLICABLE

DATE OF INJURY: NOT APPLICABLE

TIME OF INJURY (24 hr):

INJURY AT WORK?

LOCATION OF INJURY:

DESCRIBE HOW INJURY OCCURRED:

PLACE OF INJURY:

IF TRANSPORTATION INJURY, Status of Decedent:

Type of Vehicle:

[Signature]

,State Registrar

REQ: 2016473234

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THIS DOCUMENT WILL NOT PRODUCE A COLOR COPY.



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