

UNOFFICIAL COPY



\*1630706086\*

Prepared by:

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Licensed in IL, Bar ID No. 6280331

Doc# 1630706086 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/02/2016 02:07 PM PG: 1 OF 3

Return to:

Title Source, Inc.  
662 Woodward Avenue  
Detroit, MI 48226

Record 1st  
80403953

61923924-3573474

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of Illinois )  
County of COOK ) ss.

Order No. 61923924

Affiant, **Mildred Parker**, being duly sworn, states that she resides at 8748 South Laflin Street, Chicago, IL 60620. That she was acquainted with **Leon Parker, Jr.**, Deceased, who at the time of his death was one of the owners of the land described and referred to herein, located in Cook County, Illinois, and described as:

See Exhibit A attached hereto and made a part hereof

That the deceased died September 26, 2012, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

When Recorded Return to:  
Indocomm Global Services  
As Recording Agent Only  
1260 Energy Lane  
St. Paul, MN 55108

Leaving no Last Will & Testament.

Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of COOK County, Illinois.

Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of COOK County, Illinois about \_\_\_\_\_.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death of the deceased, does not exceed the sum of \$100,000.00 dollars.

Affiant makes this affidavit for that purpose of inducing the *Fidelity National Title Insurance Company* to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Mildred Parker.

By: Mildred Parker  
Mildred Parker

This 23 day of July, A.D. 2016

Meralene Green  
Notary Public



CO Y  
P 3  
S N  
M N  
SC N  
E I  
INT 9A

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## EXHIBIT A - LEGAL DESCRIPTION

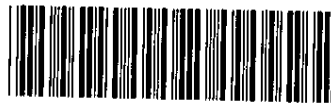
Tax Id Number(s): 25-05-101-033-0000

Land Situated in the City of Chicago in the County of Cook in the State of IL

The North 34 feet of Lot 16 in Block 3 in E. L. Brainerd's Subdivision of Telford Burnham's Subdivision (except Blocks 1 and 8) of the West ½ of the Northwest ¼ of Section 5, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

The property address and tax parcel identification number listed are provided solely for informational purposes.

Commonly known as: 8748 South Laflin Street, Chicago, IL 60620-4843



+U05923920-

1632 8/1/2016 80403953/1

Property of Cook County Clerk's Office

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## COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0073687

DATE ISSUED 10/4/2012

DECEDENT'S LEGAL NAME LEON PARKER JR		SEX MALE	DATE OF DEATH SEPTEMBER 26, 2012																	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH AUGUST 07, 1941																		
CITY OR TOWN EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION NAME LITTLE COMPANY OF MARY HOSPITAL																		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT																				
BIRTHPLACE ORANGEBURG, SC	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MILDRED ANDERSON	EVER IN U.S. ARMED FORCES? YES																
RESIDENCE 8748 SOUTH LAFLIN	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES																	
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEON PARKER SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GENORA MACK																
INFORMANT'S NAME MILDRED PARKER		RELATIONSHIP WIFE	MAILING ADDRESS 8748 SOUTH LAFLIN, CHICAGO, IL, 60620																	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK WOODS CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION OCTOBER 06, 2012																	
FUNERAL HOME CALAHAN FUNERAL HOME INC, 7030 SOUTH HALSTED STREET, CHICAGO, IL, 60621																				
FUNERAL DIRECTOR'S NAME SHIRLEY A CALAHAN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014664																	
LOCAL REGISTRAR'S NAME KELLY A KUZLIK			DATE FILED WITH LOCAL REGISTRAR OCTOBER 4, 2012																	
<table border="0"> <tr> <td rowspan="4"> <b>CAUSE OF DEATH</b>            IMMEDIATE CAUSE            (Final disease or condition resulting in death)         </td> <td>PART I</td> <td>ACUTE MYOCARDIAL INFARCTION</td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">           APPROXIMATE            INTERVAL BETWEEN            ONSET AND DEATH         </td> </tr> <tr> <td>a.</td> <td></td> </tr> <tr> <td>b.</td> <td>DIABETES II</td> </tr> <tr> <td>c.</td> <td>HYPERCHOLESTEROLEMIA</td> </tr> <tr> <td colspan="3">Due to (or as a consequence of):</td> </tr> <tr> <td colspan="3">Due to (or as a consequence of):</td> </tr> </table>					<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I	ACUTE MYOCARDIAL INFARCTION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a.		b.	DIABETES II	c.	HYPERCHOLESTEROLEMIA	Due to (or as a consequence of):			Due to (or as a consequence of):		
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	a.																			
	b.	DIABETES II																		
	c.	HYPERCHOLESTEROLEMIA																		
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? N/A																	
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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 11:38 PM																
CERTIFIER PHYSICIAN			DATE CERTIFIED SEPTEMBER 28, 2012																	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WIN.MYINT, 4936 WEST 95TH STREET, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036381896																	

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: FACILE SECURITY HOLOGRAPHIC FOILS AT BOTTOM