UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

Prepared By:

Attorney Rhonda M. Reed Law Office of Rhonda M. Reed 19624 Governors Highway, Suite 1 Flossmoor, Illinois 60473

AFTER RECORDING RETURN THIS INSTRUMENT TO:

Doris Austin 8029 S. Avalon Avenue Calumet City 606'9



Doc# 1632247093 Fee \$42.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 11/17/2016 11:31 AM PG: 1 OF 3

I, Doris Austin, being first duly sworn, for the purpose of inducing the Cook County Recorder of Deeds office to issue a corrected deed covering the land described in the above captioned commitment, deposes and says;

- 1. That she resides at 8029 South Avalon Avenue, Chicago, IL 60619.
- 2. That he she was acquainted with Avalyn Austin, her husband, who died on July 3, 2014, as evidenced by the attached certified copy of the death certificate
- 3. That said decedent was one of the owners in the Find to wit:

PIN: 20-35-209-009-0000

Address: 8029 South Avalon Avenue, Chicago, IL 6061

- 4. That said decedent died leaving no last will and testament.
- 5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate and Federal Tax purposes does not exceed \$100,000.00.

Doris Austin

Affiant's signature subscribed and sworn to before me this 12 day of November 2016.

OFFICIAL SEAL
SHIRLEY R. SCOTT
Notary Public - State of Illinois
My Commission Expires 7/09/2019

Notary Public

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PROPERTY DESCRIPTION

Sent Ox Coot County LOT 35 IN BLOCK 126 IN CORNELL, A SUBDIVISION IN SICTIONS 26 AND 35, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THRID PRINCIPAL MERIDIAN IN COCK COUNTY, ILLINOIS.

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GERMINICAMONOPOEATHREGORD

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

			MEDICAL CERT	IFICATE OF DEA		
5	STATE FILE NUMBER 2014 005	1294				DATE ISSUED .7/9/2014
	DECEDENTS LEGAL NAME AVALYN AUSTIN				さはれて下である。 ひがん しんかん たかか	DEATH 03, 2014
t	COUNTY OF DEATH		LAST BIRTHDAY YEARS	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	E 27, 1937	
İ	CITY OR TOWN HARVEY			PITAL OR OTHER INSTITUTION GALLS HOME HOSPIC		
Ì	PLACE OF DEATH HOSPICE FACILITY				JUSEJCIVIL UHION PARTNER'S MAIDE	
•	BIRTHPLACE COILA, MS	SOCIAL SECURITY NUMBE -7333	MARRIED	DORIS W	VASHINGTON	FORCES? NO
İ	RESIDENCE 8029 S AVALON		APT NO.	CITY OR TOWN CHICAGO		YES
ļ	COUNTY STATE	J0519 J0SE	PH AUSTIN	FIRST MARRIAGE/CIVIL UNION	MARY LYNN KEYS	RÍOR TO FIRST MARRIAGE/CIVIL UNION
	INFORMANT'S NAME GLORIA ADAMS		ELATIONSHIP DAUGHTER		RESS NWOOD AVE, DOLTON ITY OR TOWN AND STATE	
	METHOD OF DISPOSITION BURIAL	LAC OF DIS	POSITION OPE CEMETERY	CHICAGO,	181 1 181 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JULY 12, 2014
	FUNERAL HOME DOTY NASH FUNERAL HO	OME LTD. 8620 S ST	Y ISLAND AV, C	HICAGO, IL, 60617	FUNERAL DIRECTOR'S ILL	HOOL FOLING NUMBER
	FUNERAL DIRECTOR'S NAME MARCUS G HUDSON				034014818	
	LOCAL REGISTRAR'S NAME NANCY E CLARK				DATE FILED WITH LOCAL 1 JULY 8, 2014	IEGISTRAN
	CAUSE OF DEATH PART I. IMMEDIATE CAUSE 9	SEPSIS			ATE:	HVI
	(Final disease or condition resulting in death) b.		Due to (or as a co	sertience of):	PHOXIM	AND STATE OF THE S
			Dúo tọ lọi as a cạ	srisequence of):	API INTER	E SNO
	c.					
	PART II. Enter other significant cond	fitions contributing to deat		onsequence of)	WAS AN AUTO	PSY PERFORMED? NO
					WERE AUTOP	SY FINDINGS USED TO USE OF DEATH? N/A
	FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF D NATURAL	
•	DATE OF INJURY.	TIME OF		E OF INJURY		INJURY AT WORK?
ļ	LOCATION OF INJURY					
	DESCRIBE HOW INJURY OCCUPRE	•			IF TRA	anspur (a ion injury specify
		ATE LAST SEEN ALIVE	WAS MEDICAL EXAMI		PRONOUNCED	TIME OF DEATH 02:50 AM
	CERTIFIER PHYSICIAN				DATE JU	CERTIFIED JLY 08, 2014



NAME: ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

ALEXANDER STARR, 71 WEST 56TH STREET HARVEY, ILLINOIS, 60426

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.





PHYSICIAN'S LICENSE NUMBER

036096343