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Doc# 1702633006 Fee \$42.00

Prepared by:
Kimberly Vereb, Esq.
1174 Red Dunes Run
Avon, IN 46123
IL Bar ID No. 6244816

RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS
DATE: 01/26/2017 12:21 PM PG: 1 OF 3

Return to:
Title Source, Inc.
662 Woodward Avenue
Detroit, MI 48226

Record 1st

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

#162326669-3747137
State of Illinois)
County of Cook) ss.

Order No. 62326669

80522 199

Affiant, **CYNTHIA COBB**, being duly sworn, states that she resides at 9429 S. Wabash Avenue, Chicago, IL 60619. That she was acquainted with **Wendell Cobb**, Deceased, who at the time of her 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 November 30, 1997, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament. @.c
- 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 _____.

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

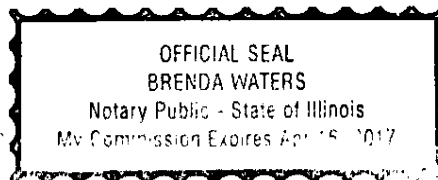
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of death of the deceased does not exceed the sum of \$100,000.00 dollars.

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 Cynthia Cobb.

By: Cynthia Cobb
CYNTHIA COBB

This 28 day of October, A.D. 20 16
Brenda Waters
Notary Public



S Y
P 3
S N
M N
SC Y
E Y
INT DRC

CERTIFICATION OF DEATH RECORD

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November 25, 2018

STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

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. 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.

J CERTIFICATE g TEMPORARY CERTIFICATE	DISTRICT NO.	MEDICAL EXAMINER'S - CORONER'S		DATE OF DEATH	
	REGISTERED NUMBER 16.10	CERTIFICATE OF DEATH		NOV 30, 1997	
DECEASED - NAME		SEX	DATE OF DEATH		
1. WENDELL E. COBB		2. MALE	3. NOV 30, 1997		
COURT OF DEATH		AGE - LAST BIRTHDAY (MAY)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH DAY YEAR)
4. COOK		5a. 45	5b. MOSE	5c. HOURS	5d. MAR 1, 1952
CITY, TOWN, OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME IF NOT IN FIELD, USE STREET AND NUMBER		PLACE OF BIRTH (MONTH DAY YEAR)	
6a. CHICAGO		6b. ROSELAND COMMUNITY HOSPITAL		6c. DOA	
DECEASED	BIRTHPLACE - CITY AND STATE OR FOREIGN COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE		MARRIED NAME OF WIFE
	7. CHICAGO, IL	8a. MARRIED	8b. Cynthia		9. MAY INCREASED FOR IN UT NAMED FORECAST (YES/NO)
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. 5058		11a. LETTER CARRIER	11b. POSTAL	12. 12 13. 05	
RESIDENCE - STREET AND NUMBER		CITY, TOWN, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)	COUNTY
13a. 429 S. WABASH		13b. CHICAGO		13c. YES	COOK
STATE		ZIP CODE	RACE - WHITE, BLACK, AMERICAN INDIAN (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY YES OR YES IF YES, SPECIFY GRADE, MEXICAN, PORTO RICO, ETC.)	
13a. ILLINOIS		131.	14a. BLACK	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
PARENTS	FATHER - NAME		MOTHER - NAME		
	16. HARVEY COBB		18. VERNELLE MC CUNE		
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		
17a. Cynthia Cobb		17b. Wife	17c. 9429 S. Wabash Chgo. IL 606		
18. PART I: Cause of death, injuries, or complications that caused the death. Do not omit the effects of injury, such as cardiac or respiratory arrest, shock, or septic toxemia that may be caused on each line.					IMMEDIATE INTERVAL BETWEEN ONSET AND DEATH
(a) PENDING TOXICOLOGIC STUDIES DUE TO, OR AS A CONSEQUENCE OF					
(b) CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST					
PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH DAY YEAR)	HOUR	HOW INJURY OCCURRED (BY FALL, OR FROM II, ITEM 18)	ENTER NATURE OF WRECK MENTIONED IN PART I OR PART II, ITEM 18
20a. PENDING		20b.	20c. M.	20d.	19b.
INJURY AT WORK (YES/NO)	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC) (SPECIFY)	LOCATION (CITY, VIL. OR TOWN, OR TWP., OR RD. NO., BOX NO., ETC., ST. NO.)		IF FEMALE, WAS THIS A PREGNANCY IN PAST THREE MONTHS?	
20a.	20b.	20c.		20d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT			THE DECEDENT WAS PRONOUNCED DEAD ON (MONTH DAY YEAR)	AT (CITY, STATE, ZIP)	
21a.			21b. NOV 30, 1997	21c. 11:40 A.M.	
MEDICAL EXAMINER'S SIGNATURE			DATE SIGNED		
22. Edmund R. Donoghue, M.D.			22b. DEC 1, 1997		
PHYSICIAN'S SIGNATURE			DATE SIGNED		
23a. THAMRONG CHIRA, M.D.			23b. DEC 1, 1997		
BURIAL (SPECIFY)	CEMETERY OR CREMATORY NAME	LOCATION (CITY OR TOWN)	STATE	DATE (MONTH DAY YEAR)	
24a. CREMATION	24b. Oak Woods	24c. Chicago, Illinois		24d. Dec. 8, 1997	
FUNERAL HOME NAME			FURNAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25a. LENNON FUNERAL SERVICE 2035 E. 79th Chicago, IL 606			25c. 034012296		
FURNAL DIRECTOR'S SIGNATURE			DATE FIED BY LOCAL REGISTRAR (MONTH DAY YEAR)		
25b. [Signature]			DEC 8 - 1997		
LOCAL REGISTRAR'S SIGNATURE			DATE		
26a. [Signature]			DEC 8 - 1997		

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



David Orr
David Orr
Cook County Clerk

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EXHIBIT A

Land Situated in the County of Cook in the State of Illinois

Lot Forty (40) in Fredrick H. Barlett's State Street Highlands, being a subdivision of the South half of the Northwest quarter of the Southwest quarter of the Southwest quarter and the North half of the Southwest quarter of the Southwest quarter of the Southwest quarter of Section Three (3), Township Thirty- Seven (37) North, Range Fourteen (14) East of the Third Principal Meridian, in Cook County, Illinois.

Assessor's Parcel No: 25-03-322-010-0000



U06070859

1632 11/7/2016 80522199/1

Property of Cook County Clerk's Office