UNOFFICIAL COPY

Record & Return to:

Mortgage Information Services, Inc 4877 Galaxy Parkway, Suite I Cleveland, OH 44128

Prepared By:

Virginia Anderson 18701 Loras Ln. Country Club Hills, IL 60478 Doc# 1707517030 Fee \$42.00

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

KAREN A.YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 03/16/2017 11:14 AM PG: 1 OF 3

M.I.S. FILE NO 532005

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

) SS

County of Cook

Virginia Anderson herein after called Affiant(s) being duly sworn states that she resides at: 18701 Loras lane, Country Club Has, IL 60478. That Affiant(s) was Married to Raymond D. Anderson, hereinafter referred to as Deceased, and at the time of Decedent's death, was one of the owners of the land in Cook County, Illinois, described as:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF COOK, STATE OF ILLINOIS IN DOCUMENT NUMBER 22409690 AND IS DESCRIBED AS FOLLOWS:

LOT 50 IN J. E. MERRION'S COUNTRY CLUB HILLS 3RD ADDITION A SUBDIVISION OF PART OF THE NORTH 1/2 OF THE SOUTH WEST 1/4 OF SECTION 3, TOWNSHIP 35 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, ACCORDING TO THE PLAT THEREOF RECORDED JULY 8, 1958 AS DOCUMENT NO. 17253268 IN COOK COUNTY, ILLINOIS.

SUBJECT TO COVENANTS, EASEMENTS AND RESTRICTIONS OF RECORD.

APN: 31-03-305-001-0000

COMMONLY KNOWN AS 18701 LORAS LN, COUNTRY CLUB HILLS, IL 60478 HOWEVER, BY SHOWING THIS ADDRESS NO ADDITIONAL COVERAGE IS PROVIDED

3 S N N Y County Clarks Office

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That the Deceased died on August 17, 2007, as evidenced by a copy of Deceased's death certificate attached hereto.

That the Deceased, at the time of his death, held his share of the above-mentioned property as a joint tenant and that the Deceased died leaving no last will & testament.

That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the death of the Deceased, does not exceed the sum of

Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

Subscribed and swor, before me

1st day of March 20 17.

BEVERLY A BROWN Official Seal

Notary Public - State of Illinois

My Commission Expires Jun 10, 2020

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PAGE 01/01

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

AUG 2 0 2007

1, David Orr, County Clerk of the County of Cook, in the State aforesald, and Keeper of the Records and Files of said County do hereby certify that the attached is a 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 Seat of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

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:	REGISTERED NUMBER		MEDICAL	CERTIFICAT	Ę OF DE	ATH	
Type or Print in PERMANENT HIK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	1. COUNTY OF DEATH 4. COOK	symo	AGE-LAST BIRTHDAY (VI 5a. 68	(S) MOS, DAYS HOURS	HIDAY DATEOF	3. UU 91/8 BIRTH MONTH DAY RIL 5y 939	·
. A	OEL	CRES1	6b. SOUTH SUBURBAN HOSPITAL				F HOSP, OR WEST, INDICATE D.O.A.
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1		INTA ANI	Giseases, or complications that cause	17b. WIFE 171.	18701 LORA	S LN.COUNI	RY CLUB HILLS
3	immediate Cause (Final disease or condition resulting in death)	_ NIX.A. U	heart failure. List only one cause a	machina. with Sen	+62 Sh	ack	BETWEEN CHEST AND GEATH
ÇAUSF	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (STATING THE UNDER CAUSE LAST.	(b) DUE	TO, OR AS A CONSEQUENCE OF	Cances	75		
4		conditions contribu	ting to depen but not resulting in the underlys	SA (COMMO given In PART).		A', Orgy (Dr. 43)	WESE ALTOPEY PROBUGENANA AND PRODUCE OF CAUSE OF DEATH? (YESHO
P	DATE OF OPERATION,		MAJOR FINDINGS OF OPERATION	Y .		YI REJ KON	195. WASTHEREAPREGNANCY IN PAST ITHS? ES □ NO □
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CERTIFICH	22a. SIGNATURE NAME AND ADDRESS O	. /-}	TOPPE GIPPINT LE	JM 2#3300 Hezol	ProstaTL 6	22b	SICENSE NUMBER
	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT). 23.						MÍNUTRY WAS INVOLVED INTHIS E CORONER OR MEDICAL EXAMINED HOTIFIED.
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