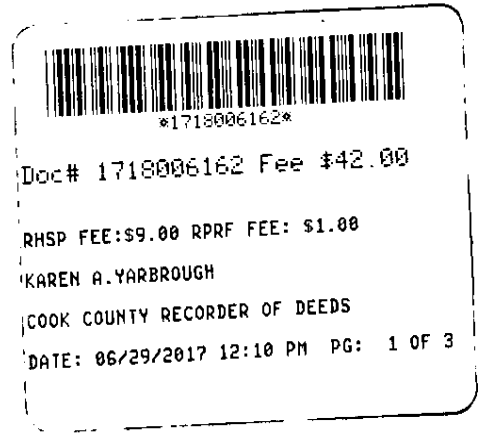


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DECEASED JOINT TENANCY AFFIDAVIT

Prepared By:

Robinzina Bryant, Esq.
Law at Last, Inc.
2024 Hickory Road, Suite 306
Homewood, Illinois 60430



Send all Mail to:

Willie M. Smith
15028 Ashland Avenue
Harvey, Illinois 60426

State of Illinois)

) ss.

County of Cook)

Willie M. Smith, being duly sworn states that she owns the property located at 15028 Ashland Ave., City of Harvey, County of Cook, State of Illinois 60426 as the surviving tenant by entirety.

That she was acquainted with JC Smith, who was her husband. They were Tenants by the entirety of the land in Cook County, Illinois legally described to wit as:

LOTS 19, 20 AND 21 IN BLOCK 144 IN HARVEY IN THE SOUTH 1/2 OF THE SOUTHEAST 1/4 AND THE SOUTHEAST 1/4 OF THE OF THE SOUTHWEST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN): 29-07-430-027-0000

That the deceased JC SMITH died on October 12, 2016, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the value of the property held in joint tenancy at the time of the death of the deceased, did not exceed the sum of \$150,000.00.

Affiant makes this affidavit for the purpose of removing deceased person's name from deed to above mentioned property as well as to prepare for issuance of a Title Insurance Policy when ready to sell above mentioned property.

Willie M. Smith

 WILLIE M. SMITH (SEAL)

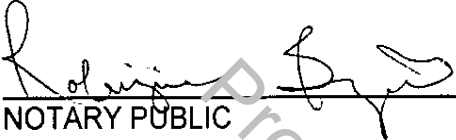
PH

UNOFFICIAL COPY

State of Illinois County of Cook ss.

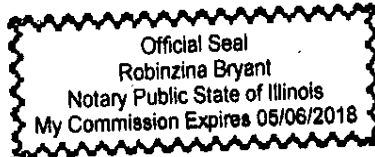
I, the undersigned, a Notary Public in and for said County, in the aforesaid State DO HEREBY CERTIFY that **WILLIE M. SMITH**, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledge that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal this 10th day of June, 2017.



NOTARY PUBLIC

SEAL



Property of Cook County Clerk's Office

UNOFFICIAL COPY

CITY OF HARVEY CITY CLERKS OFFICE

**HARVEY, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2016 0081437

DATE ISSUED 10/21/2016

DECEDENT'S LEGAL NAME J C SMITH			SEX MALE	DATE OF DEATH OCTOBER 12, 2016	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 86 YEARS		DATE OF BIRTH JULY 08, 1930	
CITY OR TOWN HARVEY			HOSPITAL OR OTHER INSTITUTION NAME 15028 S ASHLAND AVENUE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE RAMER, AL.		SOCIAL SECURITY NUMBER 1260		STATUS AT TIME OF DEATH MARRIED	
				SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME WILLIE MAE MYRICKS	
RESIDENCE 15028 S ASHLAND AVENUE		APT. NO.		CITY OR TOWN HARVEY	
				INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60426	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JC SMITH SR		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ELIZA HAMPTON
INFORMANT'S NAME WILLIE MAE SMITH		RELATIONSHIP WIFE		MAILING ADDRESS 15028 S ASHLAND AVENUE, HARVEY, IL, 60426	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY		LOCATION - CITY OR TOWN AND STATE ELWOOD, IL	
				DATE OF DISPOSITION OCTOBER 21, 2016	
FUNERAL HOME W W HOLT FUNERAL HOME, 175 W 159TH STREET, HARVEY, IL, 60426					
FUNERAL DIRECTOR'S NAME TERRY MORRIS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012113		
LOCAL REGISTRAR'S NAME NANCY L CLARK			DATE FILED WITH LOCAL REGISTRAR OCTOBER 20, 2016		
CAUSE OF DEATH PART I: CONGESTIVE HEART FAILURE					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. _____ Due to (or as a consequence of):			
		c. _____ Due to (or as a consequence of):			
				UNKNOWN UNKNOWN	
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? NO	DATE PRONOUNCED	TIME OF DEATH 07:05 AM	
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 17, 2016	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH: IFENLOTA OJIAKO, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515				PHYSICIAN'S LICENSE NUMBER 036106003	

D90111

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.

Nancy L. Clark
NANCY L. CLARK
LOCAL REGISTRAR

