



Doc# 1723515022 Fee \$44.25

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: 08/23/2017 10:19 AM PG: 1 OF 3

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

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of Illinois ) County of Cook ) ss.

Order No. 63375922 - 4138413

Record 1st 80813152

Affiant, BARBARA HUBBARD, being duly sworn, states that she resides at 6927 S Damen Avenue, Chicago, IL 60636. That she was acquainted with PRATT L. HUBBARD, SR., a/k/a PRATT L. HUBBARD, 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 January 29, 1993, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

When Recorded Return To: Indecomm 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. 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 decedent's estate for Illinois Estate Tax and Federal Estate Tax purposes does not exceed \$4 million dollars.

Affiant makes this affidavit for that purpose of inducing 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 BARBARA HUBBARD.

By: Barbara Hubbard BARBARA HUBBARD

This 31 day of July, A.D. 2017 Laura Manning Notary Public



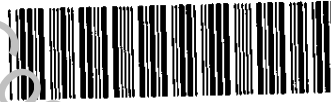
S Y P 3 S N M N SC Y E Y INT DR

# UNOFFICIAL COPY

## EXHIBIT A

The North 1/2 of Lot 19 in Block 2 in B.M. Baker's Subdivision of the North West 1/4 of the South West 1/4 of the South East 1/4 of Section 19, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Assessor's Parcel No: 20-19-416-007-0000



+U06421342+

1632 8/10/2017 80813152/1

Property of Cook County Clerk's Office

# UNOFFICIAL COPY

## DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

FEB 5 - 1998

STATE FILE NUMBER  
**602098**

REGISTRATION DISTRICT NO. **16.10**  
REGISTERED NUMBER **16.10**  
DECEASED-NAME  
FIRST MIDDLE LAST  
**Pratt E. Hubbard Sr.**

DATE OF DEATH (MONTH, DAY, YEAR)  
**3 January 29, 1998**  
DATE OF BIRTH (MONTH, DAY, YEAR)  
**5d September 14, 1924**  
SEX  
**Male**

HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)  
**Rush Pres. St. Lukes Hsopital**

NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)  
**Barbara Hughes**

EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)  
**College (1-4 or 5-12)**

CITY, TOWN, TWP. OR ROAD DISTRICT NO.  
**Chicago**

RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY)  
**Black**

RELATIONSHIP  
**Wife**

1. COUNTY OF DEATH  
**COOK**

2. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER  
**Chicago**

3. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)  
**Married**

4. USUAL OCCUPATION  
**Bus Driver**

5. RESIDENCE (STREET AND NUMBER)  
**6927 S. Damen**

6. FATHER-NAME FIRST MIDDLE LAST  
**Virgil Hubbard**

7. INFORMANT'S NAME (TYPE OR PRINT)  
**Barbara Hubbard**

8. IMMEDIATE CAUSE (Final disease or condition resulting in death)  
**CHF**

9. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.  
**(a) DUE TO, OR AS A CONSEQUENCE OF Ischemic Cardiomyopathy**

10. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.  
**MRSA Bacteremia**

11. DATE OF OPERATION, IF ANY  
**20b.**

12. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON  
**1. 28 98**

13. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.  
**21b. NO**

14. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT)  
**DR. L.M. Chavez 653 W. Congress Pkwy Chgo.**

15. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)  
**Ruby Pow**

16. BURIAL, CREMATION, REMOVAL (SPECIFY)  
**Burial**

17. CEMETERY OR CREMATORY-NAME  
**Mt. Hope Cemetery**

18. FUNERAL HOME  
**Gatling's Chapel Inc, 10133 S. Halsted St. Chicago, IL 60628**

19. FUNERAL DIRECTOR'S SIGNATURE  
**Bridgette D. Bonnet**

20. LOCAL REGISTRAR'S SIGNATURE  
**Alida Lopez**

21. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)  
**FEB 5 - 1998**

22. THIS CERTIFIED COPY VALID WHILE MULTICOPY SIGNATURE SEAL IS AFFIXED.

23. I, REGISTRAR, HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, DEATHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO, THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

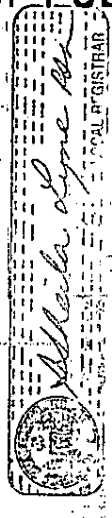
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Alida Lopez Registrar