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Doc# 1727022017 Fee \$42.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/27/2017 11:23 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

Land described in Lakeland Title Services Commitment/Policy 1007188

State of Illinois, County of DuPage

The undersigned affiant being first duly sworn and under penalty of perjury on oath states that he or she resides at the address shown below, and

That affiant was acquainted with Mary C. Buggs (deceased), who, at the time of his or her death was one of the owners of the land described in the the above referenced Title Commitment Policy.

That the deceased died on July 27, 2012 (date) as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to be filed with the clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____ (date).
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit court of _____ County, Illinois, on about _____ as Case # _____

That from the Estate of the Deceased:

- All State Inheritance and /or Federal Estate Taxes due have been paid and evidence is attached hereto.
- No State Inheritance and/or Federal Estate Taxes were due.

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 the death of the deceased, does not exceed the sum of \$ _____ dollars.

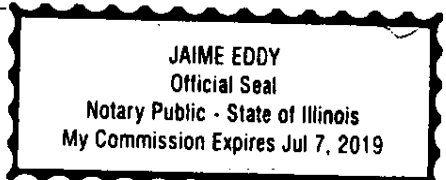
Affiant makes this affidavit for the purpose of inducing Lakeland Title Services to issue a Title Insurance Policy(s), describing the above mentioned property and /or referenced in the above mentioned Title Commitment/Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Affiant's Signature: Carolyn Buggs Date: 08-14-2017

Affiant's Address: 80 Riverview Bend South #822 Palm Coast FL 32137

Subscribed and sworn before me on 8/14/17

Notary Public Signature: Jelly



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CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS

MM4705785

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2012-0056375

DATE ISSUED 8/3/2012

DECEDENT'S LEGAL NAME MARY CATHERINE BUGGS		SEX FEMALE	DATE OF DEATH JULY 27, 2012	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH AUGUST 10, 1937		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE KILMICHAEL, MS	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GEORGE E BUGGS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4231 W WEST END	APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60624	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION NOT AVAILABLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUBY KILPATRICK
INFORMANT'S NAME GEORGE E BUGGS		RELATIONSHIP SPOUSE	MAILING ADDRESS 4231 W WEST END, CHICAGO, IL, 60624	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CAR RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION AUGUST 04, 2012	
FUNERAL HOME SMITH & THOMAS FUNERAL HOME, 5708 W. MADISON, CHICAGO, IL, 60644				
FUNERAL DIRECTOR'S NAME ILENE JOHNSON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016371	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 1, 2012	
CAUSE OF DEATH PART I: CEREBRAL HERNIATION ISCHEMIC STROKE				
IMMEDIATE CAUSE (Final disease or condition resulting in death):				
a. _____ Due to (or as a consequence of)				
b. HYPERTENSION				
c. _____ Due to (or as a consequence of)				
PART II: Enter other significant conditions contributing to death, but not resulting in the underlying cause given in PART I				
FEMALE PREGNANCY STATUS NOT APPLICABLE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 27, 2012	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:42 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 28, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH THOMAS MICHAEL DONAHUE, 1653 W CONGRESS PKWY, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036128362	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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EXHIBIT A:

LOT 13 IN THE RESUBDIVISION OF THE NORTH HALF OF BLOCK 30 IN THE SUBDIVISION OF THE SOUTH HALF OF SECTION 10, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

FOR INFORMATION ONLY: 16-10-419-013-0000
4231 W. West End Ave, Chicago IL 60624

Property of Cook County Clerk's Office

prepared by
Carolyn Briggs
80 Riverway Bend South
#882
Palm Coast FL 32137

Return to:
Lakeland Title Services
1900 Iroquois Ave. Ste 100
Naperville, IL 60563

1007188