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Title Source, Inc.
662 Woodward Avenue
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Instrument Prepared By:

Kimberly Verch, Esq.
1174 Red Dunes Run
Avon, IN 46123
IL Bar ID No. 6244816

Mail Tax Statements To:

Robbie Mae Russell and
Brenda Rance
1143 N Richmond Street
Chicago, IL 60622

Tax Parcel ID Number:

16-01-302-010-0000

Order Number:

63734103-4334237

Record 1st
80931102



Doc# 1800415142 Fee \$44.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 01/04/2018 02:44 PM PG: 1 OF 4

AFFIDAVIT OF DEATH OF JOINT TENANT

State of IL)
County of cook) ss.

Affiants, **ROBBIE MAE RUSSELL** and **BRENDA RANCE**, being duly sworn, state that they reside at 1143 N Richmond Street, Chicago, IL 60622. That they were acquainted with **WILLIAM H. RUSSELL**, a/k/a **WILLIAM RUSSELL**, 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

Affiants state that the decedent died on October 31, 2004, as evidenced by a certified copy of the Death Certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- 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 _____.

Affiants state that the total value of the decedent's estate for Illinois Estate Tax and Federal Estate Tax purposes does not exceed \$4 million dollars.

S Y
P 4
S N
M N
SC Y
E Y
INT DPK

UNOFFICIAL COPY of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>7097</u>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER <u>1376</u>	MEDICAL CERTIFICATE OF DEATH			
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS A DECEASED B C D E PARENTS 1 2 3 CAUSE 4 5 N P CERTIFIER 22a 22b 22c 23 DISPOSITION	DECEASED—NAME FIRST MIDDLE LAST 1. WILLIAM H RUSSELL		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. October 31, 2004	
	COUNTY OF DEATH 4. COOK		AGE—LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR MOR. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. PROVISO TOWNSHIP		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. VETERANS ADM. HINES, IL 60141		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) 6c. Inpatient
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Como, MS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Robbie Miller	
	SOCIAL SECURITY NUMBER 10. 470-52-7505		USUAL OCCUPATION 11a. Laborer	KIND OF BUSINESS OR INDUSTRY 11b. General	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 12. 12 College (1-4 or 5+) 12. t
	RESIDENCE (STREET AND NUMBER) 13a. 1147 N. Richmond St		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago	INSIDE CITY (YES/NO) 13c. Yes	COUNTY 13d. Cook
	STATE 13e. Illinois		ZIP CODE 13f. 60622	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. X NO YES SPECIFY:
	FATHER—NAME FIRST MIDDLE LAST 15. Plenor Russell		MOTHER—NAME FIRST MIDDLE LAST 16. Olivia (Powers) Russell		
	INFORMANT'S NAME (TYPE OR PRINT) 17a. Daniel Calhoun ADD		RELATIONSHIP 17b. Hospital records	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. VETERANS ADM. HINES, IL 60141	
	18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) (a) Sepsis With Intestinal Inflammation					
DUE TO, OR AS A CONSEQUENCE OF					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b)					
DUE TO, OR AS A CONSEQUENCE OF					
(c)					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				AUTOPSY (YES/NO) 19a. No	
				WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
A (DID YOU) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/LIFE ON 21a. October 31, 2004			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	HOUR OF DEATH 21c. 4:20 AM	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR) 22b. November 2, 2004	
SIGNATURE 22a. Raymond J. Honsa, M.D.		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) VETERANS ADM. HINES, IL 60141		ILLINOIS LICENSE NUMBER 22d. 125-045691	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Forest Home	LOCATION CITY OR TOWN STATE 24c. Forest Park, Illinois	DATE (MONTH, DAY, YEAR) 24d. 11-05-2004		
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25a. Reliable Funeral Service 5838 W. Division St Chicago, Ill 60651		FUNERAL DIRECTOR'S SIGNATURE 25b. [Signature]			
		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 34-015330			
LOCAL REGISTRAR'S SIGNATURE 26a. [Signature]		BROADVIEW ILLINOIS 60155		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. November 5, 2004	

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE NOV 05 2004 SIGNED Michael A. McDemott
 AT BROADVIEW, ILLINOIS, Illinois OFFICIAL TITLE LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.

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EXHIBIT A - LEGAL DESCRIPTION

Tax Id Number(s): 16-01-302-010-0000

Land situated in the County of Cook in the State of IL

Lot 36 in Block 3 in Carter's Resubdivision of Blocks 1,3, 4, 5 and 7 to 11 inclusive, 13, 14, and 15 and Lots 2, 4, and 5, in Block 17 in Carter's Subdivision of Blocks 1 to 4 inclusive and 7 in Clifford's Addition to Chicago, a Subdivision of the East 1/2 of the Southwest 1/4 of Section 1, Township 39 North, Range 13 East of the Third Principal Meridian in Cook County, Illinois.

Commonly known as: 1143 N Richmond St, Chicago, IL 60622

THE PROPERTY ADDRESS AND TAX PARCEL IDENTIFICATION NUMBER LISTED ARE PROVIDED SOLELY FOR INFORMATIONAL PURPOSES



+U06556443+

1371 12/12/2017 80931102/1