UNOFFICIAL COPY

STATE OF ILLINOIS)
)SS
COUNTY OF COOK	ý

DECEASED JOINT TENANT AFFIDAVIT OF JO ANN ROBINSON

- 1. Jo Ann Robinson, being duly sworn, states that she resides 6345 S. Morgan, Chicago, Illinois 60621.
- 2. That she was acquainted with Annie L. Robinson, her beloved mother, who at the time of her death was one of the owners of the land located at 6345 S. Morgan Street, Chicago, IL, which is legally described as follows:

Lot 23, Block 4 in Lucy M. Green Addition to Chicago in Section 20 Township 39, range 14 East of the Third Principal Meridian in Cook County, Illinois.

Permanent Real Estate Index Number: 20-20-204-021-0000 Common Address: 6345 S. Morgan Street, Chicago, IL 60621

- 3. That the deceased died on May 26, 2015, as evidenced by a certified copy of the death certificate of said deceased, which is attached hereto.
- 4. That the deceased died leaving a will.
- 5. 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 \$100,000.00

JO UMA FOOTON JO ANN ROBINSON

Subscribed and Sworn before me on this day of April, 2018.

TARYN SPRINGS NOTARY PUBLICH TARYN SPRINGS Official Seal Notary Public – State of Illinois My Commission Expires Jun 22, 2021

1810613052

Doc# 1810613052 Fee \$60.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00 Kareh A.Yarbrough

COOK COUNTY RECORDER OF DEEDS

DATE: 04/16/2018 12:35 PM PG: 1 OF 2

NOTE: EMBUSSED'S ATE AND COUNTY SEALS AT BOTTOM

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

BIAIEFILENUMBEK 2018	5 0042241								DA1	FE ISSUED	6/13/2016
DECEDENT'S LEGAL NAME ANNIE L ROBINSON							SEX FEMALE		E OF DEAT AY 28, 20		
COUNTY OF DEATH AGE AT LAST BIRT COOK 95 YEARS				THDAY DATE OF BIRTH JULY 23, 1920							
CITY OR TOWN CHICAGO						R INSTITUTION	NAME				
PLACE OF DEATH DECEDENT'S HOME				**				_			
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS			STATUS AT THE				USE/CIVIL UNION PARTNER'S MAIDEN NAME			EVER IN U.S. FORCES?	
RESIDENCE 6345 SOUTH MORGAN				APT. NO. CITY OR TOWN 2 FLOOR CHICAGO						INSIDE CITY LIN	
COUNTY STATE ZIP CODE FATHERICO-			CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION				MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEONA BLAIR				
INFORMANT'S NAME JAMES C ROBINSON	7	RELATIONSHIP MAILING ADDRESS SON 8205 SOUTH, CHICAGO, IL, 60652									
METHOD OF DISPOSITION BURIAL				LOCA			LOCATION - CITY OR TOWN AND STA ALSIP, IL		ATE DATE OF DISPOSITION MAY 29, 2016		
FUNERAL HOME BROOKINS FUNERAL	HOME, 9315	SOUTH ASI	LANT AVEN	UE, CHICAC	30, IL,	60620				·	
FUNERAL DIRECTOR'S NAME HOWARD B BROOKINS					FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034010656						
LOCAL REGISTRAR'S NAME DAVID ORR						DATE FILED WITH LOCAL REGISTRAR MAY 31, 2016					
CAUSE OF DEATH PAR	RT I. ASPIRATI	ON PNEUMON	IA	4					REP ATE	DAYS DA	YS
(Final disease or condition resulting in death)											
			Due to	(or as a consequenc	æ of):	//		- G	VTERV/	WEEKS W	EEKS
	C.				•	1					
				(or as a consequenc							
PART II, Enter other significant of ART RIAL FIBRILLATION		buting to death t	out not resulting in	the underlying o	cause giv	ven in PART 1.				RFORMED? NO	
FEMALE PREGNANCY STATUS	• • • • • • • • • • • • • • • • • • • •								CAUSE OF	DEATH? N/A	
NOT APPLICABLE								NATURA			
DATE OF INJURY TIME OF INJURY PLACE			PLACE OF IN	LACE OF INJURY INJURY AT WORK						/ORK7	
LOCATION OF INJURY											
DESCRIBE HOW INJURY OCCU	RRED:		·					tF 7	TRANSPOR	TATION NJURY,	SPECIFY:
ATTEND THE DECEASED?	DATE LAST SE UNKNOW			MEDICAL EXAMINER OR NER CONTACTED? NO			DATE PRONOUNCED			TIME OF DEATH 10:58 AM	
CERTIFIER PHYSICIAN									TE CERTIF MAY 28,		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JANICE MAKELA, 606 POTTER ROAD, DES PLAINES, ILLINOIS, 60016						PHYSICIAN'S LICENSE NUMBER 036105343					



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.



