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DECEASED JOINT TENANCY AFFIDAVIT

Doc# 1810618118 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 04/16/2018 02:23 PM PG: 1 OF 2

Order No.

Vincent O. Thomas being duly sworn states that he resides at 351 East 55th Place in the City of Chicago.

That he was acquainted with Odelle P. Thomas deceased who, at the time of her death, was one of the owners of the land in Cook County, Illinois, described as:

THE WEST FIFTY FIVE (55) FEET OF THE EAST SEVENTY FEET OF LOT EIGHTEEN (18) IN BLOCK TWO (2) IN YERBY'S SUBDIVISION OF THE NORTH HALF OF THE NORTH HALF OF THE NORTH WEST QUARTER AND THE WEST HALF OOF THE NORTH EAST QUARTER OF SECTION FIFTEEN (15), TOWNSHIP THIRTY EIGHT (38) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.

That the deceased died December 12, 2009, as evidenced by a certified copy of 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 _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

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 _____ Ten (\$10.00) _____ Dollars.

Affiant makes this affidavit for the purpose of inducing the Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

Vincent O. Thomas

this 12th day of April A.D. 2018

Kyra Payne

Vincent O. Thomas
(affiant's signature)



UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

**CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2009 0094817

DATE ISSUED 12/30/2009

| | | | | |
|--|--|---|---|---|
| DECEDENT'S LEGAL NAME ODELLE P THOMAS | | SEX FEMALE | DATE OF DEATH DECEMBER 12, 2009 | |
| COUNTY OF DEATH COOK | AGE AT LAST BIRTHDAY 82 YEARS | DATE OF BIRTH AUGUST 23, 1927 | | |
| CITY OR TOWN OAK LAWN | HOSPITAL OR OTHER INSTITUTION NAME CHRIST HOSPITAL & MED CNTR | | | |
| PLACE OF DEATH INPATIENT | | | | |
| BIRTHPLACE RUSTBURG, VA | SOCIAL SECURITY NUMBER [REDACTED]-7146 | MARITAL STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE'S NAME ROSCOE C THOMAS SR | EVER IN U.S. ARMED FORCES? NO |
| RESIDENCE 9252 SOUTH EMERALD | APT. NO. | CITY OR TOWN CHICAGO | INSIDE CITY LIMITS? YES | |
| COUNTY COOK | STATE IL | ZIP CODE 60620 | FATHER'S NAME JOHN JACKSON | MOTHER'S NAME PRIOR TO FIRST MARRIAGE BERNICE PRICE |
| INFORMANT'S NAME SPENCER LEAK | | RELATIONSHIP ADMINISTRATOR | MAILING ADDRESS 7838 S COTTAGE GROVE, CHICAGO, IL, 60619 | |
| METHOD OF DISPOSITION BURIAL | PLACE OF DISPOSITION LINCOLN CEMETERY | LOCATION - CITY OR TOWN AND STATE CHICAGO, IL | DATE OF DISPOSITION DECEMBER 17, 2009 | |
| FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619 | | | | |
| FUNERAL DIRECTOR'S NAME SPENCER LEAK SR | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489 | | |
| LOCAL REGISTRAR'S NAME DAVID ORR | | DATE FILED WITH LOCAL REGISTRAR DECEMBER 29, 2009 | | |
| CAUSE OF DEATH PART I: SUBARACHNOID HEMORRHAGE | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) | | a. _____ Due to (or as a consequence of) | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | | b. CEREBELLAR ANEURYSM Due to (or as a consequence of) | | |
| | | 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. | | | | |
| DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN | | | FEMALE PREGNANCY STATUS NOT APPLICABLE | WAS AN AUTOPSY PERFORMED? NO |
| | | | | WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A |
| 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? YES | DATE LAST SEEN ALIVE DECEMBER 12, 2009 | WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO | DATE PRONOUNCED | TIME OF DEATH 01:45 PM |
| CERTIFIER PHYSICIAN | | | DATE CERTIFIED DECEMBER 14, 2009 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH RASHEED AKMTAR, 2850 WEST 95TH STREET, EVERGREEN PARK, ILLINOIS, 60805 | | | PHYSICIAN'S LICENSE NUMBER 036083297 | |



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk

