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1920545008

Doc# 1920545008 Fee \$28.00

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

EDWARD M. HOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 07/24/2019 10:33 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)

) SS

Order No.

COUNTY OF COOK)

CELESTINE WILLIAMS BOBO, being duly sworn, states that she resided at Cook County, in the City of Chicago and State of Illinois.

That she was acquainted with RICHARD BOBO, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

Lot 2 in the Subdivision of Lots 28 thru 32 in Alethean Addition to Chicago in Section 34, Township 39 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

PIN NO. 17-34-123-002-0000

That the deceased died JUNE 04, 2018, as evidenced by a certified copy of a 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.

SY
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CY
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INT

Property of Cook County Clerk's Office

2491

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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 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 \$ 350,000.

Celestine Williams Bobo
CELESTINE WILLIAMS-BOBO

Subscribed and Sworn to before me by the said
this 03 day of JULY, 2019.

Michael H. Erde

Notary Public



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


STATE FILE NUMBER 2018 0047348

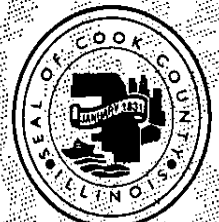
DATE ISSUED 6/7/2018

DECEDENT'S LEGAL NAME RICHARD C BOBO		SEX MALE	DATE OF DEATH JUNE 04, 2018																		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH MAY 18, 1942																			
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME VITAS HOSPICE AT MERCY HOSPITAL																			
PLACE OF DEATH HOSPICE FACILITY																					
BIRTHPLACE ROUND POINT, AR	SOCIAL SECURITY NUMBER /	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CELESTINE WILLIAMS	EVER IN U.S. ARMED FORCES? YES																	
RESIDENCE 3307 SOUTH CALUMET AVENUE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES																	
COUNTY COOK	STATE IL	ZIP CODE 60616	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGE BOBO	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ODESSIA GREENE																	
INFORMANT'S NAME CELESTINE BOBO		RELATIONSHIP WIFE	MAILING ADDRESS 3307 SOUTH CALUMET AVENUE, CHICAGO, IL, 60616																		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION JUNE 07, 2018																	
FUNERAL HOME A A RAYNER AND SONS SOUTH, 318 EAST 75 TH STREET, CHICAGO, IL, 60619																					
FUNERAL DIRECTOR'S NAME PAMELA L HAGAN-OWENS			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031008989																		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 7, 2018																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 10%;">PART I</td> <td style="width: 50%;">PANCREATIC CANCER</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;">APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</td> <td style="width: 10%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small></td> <td>a.</td> <td></td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>Due to (or as a consequence of)</td> <td></td> </tr> </table>					CAUSE OF DEATH	PART I	PANCREATIC CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.				b.	Due to (or as a consequence of)			c.	Due to (or as a consequence of)	
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	b.	Due to (or as a consequence of)																			
	c.	Due to (or as a consequence of)																			
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO																		
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																		
FEMALE PREGNANCY STATUS NOT APPLICABLE			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 JUNE 04, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:24 PM																	
CERTIFIER PHYSICIAN			DATE CERTIFIED JUNE 05, 2018																		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR JOEHAR HAMDAN MD, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, ILLINOIS, 60616			PHYSICIAN'S LICENSE NUMBER 036125224																		

0351398

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
 Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM