# UNOFFICIAL COPY

Prepared by:

FNC Title Services, LLC 1300 Piccard Drive, Suite #105 Rockville, MD 20850

Return to:

FNC Title Services, LLC 1300 Piccard Drive, Suite #105 Rockville, MD 20850

2020-03-769

Doc# 2030947117 Fee \$93.00

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

EDHARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 11/04/2020 05:46 PM PG: 1 OF 3

DECEASED JOINT TENANT AFFIDAVIT OF DEATH

State of ) Order No.: 2020-03-769

County of ) ss.

Affiant, Desiree R. i ewis, being duly sworn, states that she resides at 505 East 89th Place, Chicago, IL 60619. That she was acquainted with James Lewis, Jr. 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 here o and made a part hereof

That the deceased died **November** / 2019 as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

	Leaving no Last Will & Testament.
	beaving no bast with a restainent.
	Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven
$\checkmark$	Will should be filed with the Clerk of the Probate Division of the Circuit Court of Cook County
	Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division
	of the Cook County, Illinois about
	<u> </u>
	That the total value of the estate of the deceased, including both real and personal property owned by
he dece	eased either individually or in joint tenancy at the time of death of the decessed, does not exceed the
sum of	dollars.

Affiant makes this affidavit for that purpose of inducing the *FNC Title Services*, *LLC* to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said Desiree R. Lewis.

Rv

Kesiraa P. Lawi

EILEEN M HORD

Notary Public - State of Fiorica

Commission # GG 966107

Commission # GG 966107
My Comm. Expires Mar 14, 2024
Bonded through National Notary Assn.

MX

SC >

INT

This day of July, A.D. 20 20 Edun M. Hord

Notary Public

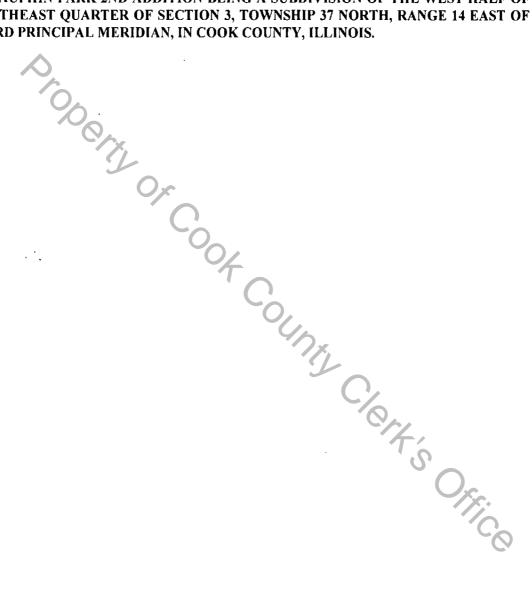
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# **UNOFFICIAL COPY**

#### **EXHIBIT A**

THE FOLLOWING DESCRIBED REAL ESTATE SITUATED IN THE COUNTY OF COOK, IN THE STATE OF ILLINOIS, TO WIT:

LOT 3 IN BLOCK 38 IN S. E. GROSS' SUBDIVISION OF BLOCKS 27 TO 42 BOTH INCLUSIVE IN DAUPHIN PARK 2ND ADDITION BEING A SUBDIVISION OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 3, TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



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# GERTIFICATION OF DEATH RECORD

# COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

### MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0093441	MEDICAL EXAMINER'S CASE NUME	BER ME2019-05278	DATE ISSUED 11/26/20	019
DECEDENT'S LEGAL NAME JAMES LEWIS JR		- 1 - 15 - 15 - 15 - 15 - 15 - 15 - 15	e OF DEATH OVEMBER 07, 2019	
	E AT LAST BIRTHDAY 66 YEARS	DATE OF BIRTH MAY 27, 1953		
CITY OR TOWN CHICAGO	an haartaan hiikada dhaankan hiilaan haartaa dakka	HER INSTITUTION NAME OF CHICAGO MEDICAL CENTE	R	
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTHPLACE SOCIAL SECURITY NU CRUGER, MS	MBER STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S N DESIREE LEWIS	FORCES? NO	
RESIDENCE 505 E 89TH PLACE	and a control of the	TY OR TOWN CHICAGO	INSIDE CITY LIMITS?  YES	
Bathe	HERICO PARENTS NAME PRIOR TO FIRST MARRIA	GE/CIVIL UNION MOTHER/CO PARENT'S NAME ALCOLA FREEM	NE PRIOR TO FIRST MARRIAGE/CIVIL UNION	<u></u>
NFORMANTS NAME DESIREE: LEWIS	RELATIONSHIP:	MAILING ADDRESS 505 E 891H PLACE CHICAGO	IL, 60619	
The contract of the contract o	DISPOSITION TS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION NOVEMBER 22, 2019	
FUNERAL HOME GATLING'S CHAPEL INC. 10133 S HALSTE	DS CHICAGO, IL 60628			
FUNERAL DIRECTOR'S NAME. AYANNA KASHAY HUNT		FUNERAL DIRECTOR'S 034016686	ILLINOIS LICENSE NUMBER	7
COCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOC NOVEMBER 26		
CAUSE OF DEATH PART I. MULTIPLE GUNSH	OT WOUNDS		ê f	
(Final disease or condition resulting in ideath)	Due to (or as a lonsequince of)		ND DE	
			SET A	
c	Due to (or as a consequence c ):		NO	*
	Due to (or as a consequence of)			ger Hanner Gerane
PART II. Enler other significant conditions contributing to d	leath but not resulting in the underlying cause		JTOPSY PERFORMED? YES	<b>X</b>
FEMALE PREGNANCY STATUS			CAUSE OF DEATH? YES	
NOT APPLICABLE		HOMICI	DE	_
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	OF INJURY PLACE OF INJURY OF PM HOME		INJURY AT WORK? NO	
LOCATION OF INJURY 505 E 89TH PLACE CHICAGO, IL, 60619				
DESCRIBE HOW INJURY OCCURRED SHOT BY OTHER(S)			ranco , tion injury specify	
ATTEND THE DECEASED? DATE LAST SEEN ALIVE		DATE PRONOUNCED	TIME OF DEATH	
CERTIFIER	CORONER CONTACTED?	NOVEMBER 07, 2019	O9:38 PM	<u>多</u>
MEDICAL EXAMINER/CORONER			NOVEMBER 13, 2019	_
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING PONNI ARUNKUMAR MD, 2121 W HARRIS	- 5 to 10		PHYSICIAN'S LICENSE NUMBER	

1171684



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.

