UNOFFICIAL COPY

This document prepared by:

Michael W. Bradley 4426 S. Greenwood Chicago, IL 60653-3714

Mail future tax bills to:

Dionne M. Scott

7321 S. Clyde Avenue

Chicago, IL 60649

Mail this recorded document to:

Dionne M. Scott 1538 Heather Hill Crescent Flossmoor, IL 60422

Doc# 2112522008 Fee ≰88 00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/05/2021 09:38 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

DIONNE M. SCOTT, the affiant herein, having been first duly sworn upon oath deposes and states as follows:

- 1. That on September 18, 2017, Dionne M. Scott, the Affiant herein, owner of the property described herein in rangraph 4, conveyed the property by Quitclaim Deed to Dionne M. Scott and Joseph Williams, her father, in Joint Tenancy with Rights of Survivorship and not as Tenar ts in Common.
- 2. On September 20, 2017, the Quitclaim Deed was recorded with the Cook County Recorder of Deeds as document #1726334000.
- 3. On December 24, 2020, Joseph Williams died (see attached Death Certificate).
- 7321 S. Clyde Ave., Chicago, V. 60649 4. PROPERTY ADDRESS:

P.I.N.: 20-25-215-006-0000

LOT 20 IN BLOCK 2 IN SOUTH BRYN MAWR. LEGAL DESCRIPTION: A SUBDIVISION OF LOTS 1 TO 5 AND 16 TO 20 IN BLOCK 6 IN STAVE AND KLEMM'S SUBDIVISION OF THE SOUTHEAST ONE-QUARTER OF SECTION 25, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Dated this <u>28</u> day of April, 2021.

e M. Sest

2112522008 Page: 2 of 3

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STATE OF ILL)	
) ss
COUNTY OF _	COOK)

I, the undersigned, a Notary Public in and for said County, in the state aforesaid, DO HEREBY CERTIFY that Dionne M. Scott, personally known to me, appeared before me this day in person, and acknowledged that she signed, sealed, and delivered the said instrument as her free and voluntary act, for the uses and purposed therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, this 28 Hay of Apr /

Commission expires: //6/2022

Official Seal
Michael W Bradley
Notary Public State of Illinois
My Commission Expires 07/06/2022 OUNT CORTS OFFICE

CERTIFICATION OF DEATH RECORD

ex HIBIT

COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 012	28221	MEDICAL EXAMINE	R'S CASE NUME	IER ME2020-15	542	DATE	SSUED	2/1/2021
DECEDENT'S LEGAL NAME JOSEPH WILLIAMS					SEX MALE	DATE OF DEATH DECEMBER 2	4 2020	
COUNTY OF DEATH		EAT LAST BIRTHDAY 73 YEARS		DATE OF BIR				
CITY OR TOWN CHICAGO			to desire securit	ER INSTITUTION N				
PLACE OF DEATH EMERGENCY ROOM / OL	JTPATIENT							
BIRTHPLACE GRADY AR	SOCIAL SECURITY NU 332-38-4773	MBER STATUS AT TIME NEVER MARRIED UNION		SURVIVING SPOUSE	CIVILLIMON PARTN		EVER IN U.S. FORCES? Y	
RESIDENCE 7321 S CLYDE AVE		APT. N	T 1 (4) (5) (5)	TY.OR TOWN CHICAGO		INS	SIDE CITY LIM	IITS?
COUNTY STATE		HERICO, PARENTS MAME OF		A 100	OTHERICO PARENT GEORGINIA	S NAME PRIOR TO THE WILLIAMS	T MARRIAGE/CI	VIE UNION
INFORMANT'S NAME DIONNE SCOTT		RELATIONSHIP DAUGHTER		MAILING ADDRES 1538 HEATHER I		LOSSMOOR II., 604	22	
METHOD OF DISPOSITION BURIAL	3784 (1794 A) (4) (5)	DISPOSITION OOD MEMORIAL GARDE	NS, INC	LOCATION - CITY HOMEWOOD,	2.00	5.00 S	sposition Y 08, 2021	
FUNERAL HOME LEAK AND SONS 7838 S	OUTH COTTAGE	GR DVE. CHICAGO), IL, 60619					
FUNERAL DIRECTOR'S NAME. SPENCER LEAK SR			**************************************		FUNERAL DIRECT 031007489	OR'S ILLINOIS LICEN	ISE NUMBER	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH					DATE FILED WITH	LOCAL REGISTRAR		
CAUSE OF DEATH PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death) b	CORONARY ARTE		as a consequence of):			COXIMATE AL BETWEEN AND DEATE		
c		Dùe to (o	r as a consequence ut).			APPI INTERV ONSET		
PART II: Enter other significant conc	ditions contributing to d				was	N AUTOPSY PERFO		
NOVEL CORONA (COVID-19) VIRAL INFECTION,	CHRONIC SUBSTAN	CE ABUSE, DIAB	ETES MELLITUT	WERE	AUTOPSY FINDING LETE CAUSE OF DE		
FEMALE PREGNANCY STATUS					MANN	ER OF DEATH		2000 2000 2000 2000 2000 2000 2000 200
DATE OF INJURY.	TIME	OF INJURY	PLACE OF INJURY				INJURY AT V	VORK?
LOCATION OF INJURY								
DESCRIBE HOW INJURY OCCURRE	O.					IF TRANSPLY I AT	IÖN INJURY	SPECIFY
ATTEND THE DECEASED? D	ATE LAST SEEN ALIVE	WAS MEDICAL I CORONER CON			ONOUNCED EMBER 24, 20	Section 1 (1994) 1 (1994)	O7:03 PM	The second of th
CERTIFIER MEDICAL EXAMINER/CO	RONER				**************************************	DATE CERTIFIED JANUARY		
NAME ADDRESS AND ZIP CODE OF			11.60643			PHYSICIAN'S	LICENSE NUN	IBER .

1631121



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.

3 - D-0

Karen A Yarbrough Cook County Clerk

