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Doc#. 2114749114 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 05/27/2021 11:46 AM Pg: 1 of 3

File # AT210214

PREPARED BY:

ALICJA M SROKA AND ASSOCIATES PC

7742 W HIGGINS AVE #C102

CHICAGO IL 60631

AFTER RECORDING MAIL TO:

ALICJA M SROKA AND ASSOCIATES PC

7742 W HIGGINS AVE #C102

CHICAGO IL 60631

AFFIDAVIT

PROPERTY ADDRESS: 1224 ELGIN AVE FOREST PARK IL 60130

PIN: 15-24-204-010-0000

LOTS 31 AND LOT 32 IN TWELFTH STREET SYNDICATE SUBDIVISION, BEING A SUBDIVISION IN THE NORTHEAST QUARTER OF SECTION 24, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

File nr: AT210214 A

After recording mail to:

**Altima Title, LLC.
5444 N. Milwaukee Ave.
Chicago, IL 60631
Ph. 312-651-6070**

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DECEASED JOINT TENANT AFFIDAVIT

State of Illinois)
County of COOK) SS

The undersigned, Mark A. Raleigh, being first duly sworn and under penalty of perjury on oath states that he or she resides at 1224 Elgin Ave, Forest Park, County of Cook, State of Illinois.

That he was acquainted with Lucille A. Raleigh, deceased, who, at the time of her death, was one of the owners of the land commonly known as 1224 Elgin Ave, Forest Park, IL 60130 and as legally described in the legal description attached hereto and made a part hereof as Exhibit "A" and is the subject matter of Altima Title Commitment No. AT210214.

That the deceased died on 10-29-2003, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament, a copy of which is attached hereto. The original of the unproven will is to be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will and Testament, which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____.
- Leaving a Last Will and Testament which was probated in the Probate Division of the Circuit Court of _____ County, Illinois, on _____ as Case # _____.

That from the Estate of the Deceased:

- All State Inheritance and/or Federal Estate Taxes which were due have been paid and evidence thereof is attached hereto.
- No State Inheritance and/or Federal Estate Taxes were due.

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in tenancy by the entirety at the time of the death of the deceased, does not exceed the sum of \$ 250,000.00 dollars.

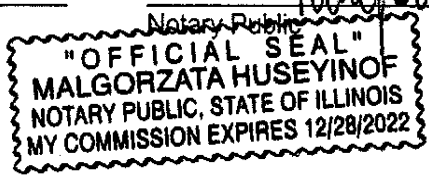
Affiant makes this affidavit for the purpose of inducing OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY to issue a Title Insurance Policy(s), describing the above-mentioned property and/or referenced in the above mentioned Title Commitment/Policy and agrees to indemnify said company or its assigns against any false statement(s) willfully made herein.

Date: 4/5/2021

[Signature]
Affiant's Signature

Subscribed and Sworn before me this 5th day of APRIL, 2021.

My Commission Expires: 12/28/2022



[Signature]
Notary Public

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

REGISTRATION DISTRICT NO. 16.92
REGISTERED NUMBER 1324

STATE OF ILLINOIS

STATE NUMBER

MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. LUCILLE Anne RALEIGH 2 FEMALE OCTOBER 29, 2003

COUNTY OF DEATH AGE—LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. COOK 5a. 71 5b. 5c. 5d. April 23, 1932

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) IF HOSP OR INST. INDICATED, O.D. OF EMER. RM. INPATIENT (SPECIFY)
6a. PROVISO TOWNSHIP 6b. FOSTER G MCGAW HOSPITAL 6c. Inpatient

DECEASED

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN ARMED FORCES? (YES/NO)
7 Chicago Illinois 8a. Married 8b. Ronald Raleigh 9. No

B

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 11a. Director 11b. Education 12. 12

C

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY COUNTY
13a. 1224 Elgin Avenue 13b. Forest Park 13c. Yes 13d. Cook

D

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN)
13e. Illinois 13f. 60130 14a. White 14b. NO YES SPECIFY:

E

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST
15. Angelo Piedmont 16. Theresa Pope

1

INFORMANT'S NAME (TYPE OR PRINT) HOSPITAL MAILING ADDRESS (STREET, CITY, STATE, ZIP)
17a. TRACY BUHRKE 17b. RECORDS 17c. MAYWOOD ILLINOIS 60153

2

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

3

Immediate Cause (Final disease or condition resulting in death) (a) Sepsis
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
STATING THE UNDERLYING CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF
(c)

CAUSE

4

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE FROM COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. NO 19b.

5

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

N

(I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. Oct 29, 2003 21b. NO 21c. 11:43 AM

P

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. DATE SIGNED (MONTH, DAY, YEAR)
22a. SIGNATURE Steve Scatlin M.D. 22b. 10-29-2003

CERTIFIER

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
22c. Steve Scatlin M.D. 2160 SOUTH FIRST AVENUE MAYWOOD ILLINOIS 60153 22d. 135046197

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23.

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Entombment 24b. Queen of Heaven 24c. Hillside Illinois 24d. Nov. 1, 2003

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. Zimmerman-Enringer 219 W. Madison Street Forest Park Illinois 60130

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. 25c. 034-012259

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Michael A. McKeemott BROADVIEW ILLINOIS 60155 26b. October 30, 2003

118641

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.

MAR 22 2021

Anthony Wilkin TOWNSHIP CLERK/REGISTRAR

EXHIBIT A

