



2120016004

Doc# 2120016004 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/19/2021 10:14 AM PG: 1 OF 3

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)
) ss
County of Cook)

Andrea E. Oliver n/k/a Andrea Oliver-Alexander being duly sworn states that she resides at 7927 S. Prairie, Chicago, State of Illinois.

I, Andrea E. Oliver, n/k/a Andrea Oliver-Alexander the surviving tenant of the joint tenancy created by the deed with document number: 1514616100 do hereby declare under oath that the joint tenant, GUINEVERE MILLER OLIVER, died on July 25, 2019, as evidenced by the attached certified copy of his or her death certificate. I also declare that the aforementioned named joint tenant was an owner of the property in Cook County, Illinois, described as:

LOT TEN (10) (EXCEPT THE NORTHWESTERLY TEN (10) FEET THEREOF), TOGETHER WITH LOT ELEVEN (11) AND THE NORTHWESTERLY FIVE (5) FEET OF LOT TWELVE (12) IN BLOCK SEVENTEEN (17) IN FAIRMOUNT, BEING A SUBDIVISION OF THE EAST HALF OF THE SOUTHWEST QUARTER AND THE NORTHWEST QUARTER OF THE SOUTHEAST QUARTER OF SECTION THREE (3), TOWNSHIP THIRTY-SEVEN (37) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, SOUTH TO THE CHICAGO ROCK ISLAND AND PACIFIC RAILROAD COMPANY, ALL IN COOK COUNTY, ILLINOIS.

Permanent Index Number (PIN): 25-03-412-010-0000

Address of Real Estate: 9241 S. Burnside, Chicago, Illinois 60619

That the deceased died on July 25, 2019, 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. The original of the proven will should be filed with the Clerk of the Probate Division of the Circuit Court of

S
P
S
SC
INT
4
3
4
1
JP

UNOFFICIAL COPY

Will County, Illinois.

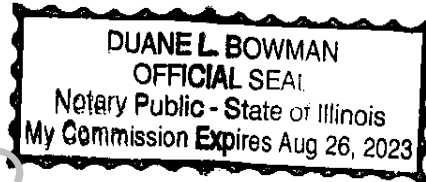
Leaving a Last Will & Testament which was filed in the unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois on _____ as Will No. _____.

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 \$100,000.00.

Andrea Oliver Alexander
ANDREA E. OLIVER n/k/a ANDREA
OLIVER-ALEXANDER

Subscribed and sworn
to before me this 26
day of January, 2021.

Duane L. Bowman
Notary Public



This instrument was prepared by
and mail to:

Michael W. Brady
M.W. Brady Law Firm, P.C.
20950 S. Frankfort Square Rd., Unit B
Frankfort, Illinois 60423
(708) 532-3655
Attorney No. 63532

Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2019 0061215

DATE ISSUED 11/12/2019


DECEDENT'S LEGAL NAME GUINEVERE MILLER OLIVER		SEX FEMALE	DATE OF DEATH JULY 25, 2019		
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 74 YEARS	DATE OF BIRTH NOVEMBER 11, 1944			
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME RML CHICAGO			
PLACE OF DEATH INPATIENT					
BIRTHPLACE LINDEN, AL	SOCIAL SECURITY NUMBER 417-66-2416	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME CHARLES OLIVER	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 1936 E 173RD ST	APT. NO.	CITY OR TOWN SOUTH HOLLAND		INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60473	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROBERT MILLER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION HATTIE WITHERSPOON	
INFORMANT'S NAME AUDREY TURNER		RELATIONSHIP SISTER	MAILING ADDRESS 8815 S RIDGELAND, CHICAGO, IL 60617		
METHOD OF DISPOSITION ENTOMBMENT	PLACE OF DISPOSITION OAK WOODS CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 07, 2019		
FUNERAL HOME CAGE MEMORIAL CHAPEL, 7651 S JEFFERY P. LVD, CHICAGO, IL 60649					
FUNERAL DIRECTOR'S NAME H. AUGUSTUS CAGE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011055		
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR AUGUST 5, 2019		
CAUSE OF DEATH - PART I	RESPIRATORY FAILURE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a. _____ <small>Due to (or as a consequence of)</small>				WEEKS
	b. GUILLAIN BARRE SYNDROME <small>Due to (or as a consequence of)</small>				WEEKS
	c. _____ <small>Due to (or as a consequence of)</small>				
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	
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR				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 JULY 25, 2019	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:34 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 30, 2019		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JOHN BROFMAN, ILLINOIS				PHYSICIAN'S LICENSE NUMBER 036072474 24777	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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.


 Karen A. Yarbrough
 Cook County Clerk

