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Doc#: 2123912176 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 08/27/2021 01:49 PM Pg: 1 of 4

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**5339 S. Bishop St
Affidavit**

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PREPARED BY:

**Mark Brosius
4751 W. Touhy Ave., Ste. 101
Lincolnwood, IL 60712**

RETURN TO:

**Mark Brosius
4751 W. Touhy Ave., Ste. 101
Lincolnwood, IL 60712**

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FIDELITY NATIONAL TITLE INSURANCE COMPANY

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

Commitment Number: N/A

County of Cook

Cherry Hobbs being duly sworn states that he/she resides at 5339 S. Bishop Street, Chicago, IL 60609

That he/she was acquainted with Arthur L. Davis, deceased who, at the time of his/her death, was one of the owners of the land in Cook County, Illinois described as follows:

(See Attached Legal Description Rider)

That the deceased died on July 6, 2015 as evidenced by a certified copy of the death certificate of said deceased attached herein.

That the deceased:

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 Cook County, Illinois.

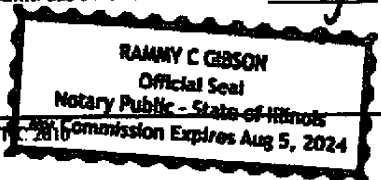
Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about _____

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 \$100,000

Cherry Hobbs
Cherry Hobbs

SUBSCRIBED and SWORN to before me on July 28th, 2021

(SEAL) *Rammy C. Gibson*
Notary Public



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THIS INSTRUMENT FILED FOR RECORD BY ALLIANCE TITLE CORPORATION AS AN ACCOMMODATION ONLY. IT HAS NOT BEEN EXAMINED AS TO ITS EXECUTION OR AS TO THE EFFECT UPON TITLE.

ALLIANCE TITLE CORPORATION

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LEGAL DESCRIPTION RIDER

For the premises commonly known as:

5339 S. Bishop Street, Chicago, Illinois 60609

Permanent Index Number(s): 20-08-315-020

Legal Description:

LOT 29 IN BLOCK 1 IN THE SUBDIVISION OF THE EAST 1/2 OF THE SOUTH WEST 1/4 OF THE SOUTH WEST 1/4 OF SECTION 2, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

Property of Cook County Clerk's Office

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CERTIFICATION OF DEATH RECORD

EXHIBIT

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

STATE FILE NUMBER 2015 0037118

DATE ISSUED 5/12/2015

DECEDENT'S LEGAL NAME ARTHUR LOGAN DAVIS		SEX MALE	DATE OF DEATH MAY 06, 2015	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 84 YEARS	DATE OF BIRTH SEPTEMBER 18, 1930		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME ST BERNARDS HOSPITAL		
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT				
BIRTH PLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH WIDOWED	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 5339 S BISHOP	APT. NO.	CITY OR TOWN CHICAGO	RESIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	FATHER'S NAME PRIOR TO FIRST MARRIAGE CIVIL UNION CALVIN DAVIS	MOTHER'S NAME PRIOR TO FIRST MARRIAGE CIVIL UNION MARY CORBOEN	
INFORMANT'S NAME CHERRY HOBBS	RELATIONSHIP NIECE	MAILING ADDRESS 5339 S BISHOP, CHICAGO, IL 60639		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION TWIN PINE'S CREMATORY	LOCATION - CITY OR TOWN AND STATE EAST DUNDEE, IL	DATE OF DISPOSITION MAY 08, 2015	
FUNERAL HOME SEVERINO'S RIVER WOODS FUNERAL CHAPEL 5, 201 S RIVER RD, DES PLAINES, IL 60016				
FUNERAL DIRECTOR'S NAME ANTHONY M CAMACHO		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015360		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR MAY 7, 2015		
CAUSE OF DEATH PART I: CONGESTIVE HEART FAILURE, SYSTOLIC				
IMMEDIATE CAUSE (Final observable condition appearing on death certificate)		Due to (or as a consequence of)		10 YEARS
HYPERTENSION		Due to (or as a consequence of)		YEARS
Due to (or as a consequence of)		Due to (or as a consequence of)		
PART II: Enter one or more significant conditions contributing to death, but not resulting in the underlying cause given in PART I ATRIAL FIBRILLATION, CHRONIC		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	TYPE OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY		DESCRIBE HOW INJURY OCCURRED		
		IF TRANSPORTED FOR INJURY, SPECIFY:		
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE FEBRUARY 13, 2015	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 05:43 AM
CERTIFIER PHYSICIAN		DATE CERTIFIED MAY 07, 2015		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH VANCE LAUDERDALE MD, 1700 W VAN BUREN, CHICAGO, ILLINOIS, 60612		PHYSICIAN'S LICENSE NUMBER 036062290		



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
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE