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Doc# 2125647022 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/13/2021 10:35 AM PG: 1 OF 4

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PREPARED BY:

LARRY A. WHITNEY, ATTORNEY AT LAW O/B/O BC LAW FIRM, P.A. 2805 CROW VALLEY TRAIL PLANO, TX 75023

WHENIRE CORDED MAILETO:

RECORDATION REQUESTED BY:

STEWART 717LE GUARANTY COMPANY 1900 SOUTH CTATE COLLEGE BLVD. SUITE 200 ANAHEIM, CA 328%

Record 1st

FOR RECORDER'S USE ONLY

REF217666422A

SURVIVORSHIP AFFIDAVIT

(DECEASED JOINT TENANT OR DECEASED TENANT BY THE ENTIRETY)

Commitment No.

STATE OF ILLINOIS **COUNTY OF**

SARAH R. WILSON, being duly sworn on oath, states the following:

- 1. I reside at 4904 W QUINCY STREET, CHICAGO, IL 60644
- 2. I was married to LEE WILSON, JR., the Deceased, who died in COOK County, Illinois on 11/4/2020, as is evidenced by the death certificate attached hereto.
- 3. At the time of his/her death, the Deceased and I owned as tenants by the entirety the following described real estate situated in COOK County, Illinois:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Address of Property:

4904 W QUINCY STREET, CHICAGO, IL 60644

Permanent Index No. 16-16-208-042-0000

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Affiant makes this affidavit for the purpose of inducing STEWART TITLE GUARANTY COMPANY to issue its Title Insurance Policy pursuant to the above-referenced title commitment order number.

SARAH R. WILSON

STATE OF

COUNTY OF

Subscribed and sworn to before me by the said SARAH R. WILSON this 24

day of

MARIA R SANCHEZ OFFICIAL SEAL lotary Public - State Of Illinois My Commission Expires June 03, 2024

Ope

الله (Notary Seal)

Signature of Notary Public (Notary Seal)

No title search was performed on the subject property by the preparation, the preparer of this instrument makes no representation as to the accuracy of the legal description, the status of the title nor property use or any zoning regulations concerning the described property herein conveyed nor any matter except the validity of the form of this instrument. Information herein was provided to preparer by Grantor/Grantec and/er their agents, no boundary survey was made at the time of this conveyance.

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Exhibit "A" Legal Description

THE WEST 46.5 FEET OF THE EAST 100 FEET (EXCEPT THE NORTH 8 FEET THEREOF TO BE DEDICATED AS PUBLIC ALLEY) OF LOT 27 (EXCEPT THAT PART THEREOF TAKEN FOR STREET) IN SCHOOL TRUSTEE'S SUBDIVISION OF THE NORTH PART OF SECTION 16, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387

COOK COUNTY CLERK OFFICE RECORDING DIVISION 118 N. CLARK ST. ROOM 120 CHICAGO, IL 60602-1387

TITE SWYOTED WOLD WAS ARSIMALENIES OF THE

CERTIFICATION OF DEATHER EXCEND

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

STATE FILE NUMBER 2020 0107727

DATE ISSUED 11/23/2020

	Will have the state of the stat
DECEDENT'S LEGAL NAME LEE WILSON JR	SEX DATE OF DEATH MALE NOVEMBER 14, 2020
COUNTY OF DEATH	AGE AT LAST BIRTHDAY DATE OF BIRTH 7.9 YEARS APRIL 13, 1941
CITY OR TOWN OAK PARK	HOSPITAL OR OTHER INSTITUTION NAME WEST SUBURBAN MEDICAL CENTER
PLACE OF DEATH INPATIENT	
BIRTHPLACE LELAND, MS	SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PARTNERS MAIDEN NAME: EVER IN U.S. ARMED MARRIED SARAH ADAMS FORCES? NO
RESIDENCE 4904 WEST QUINC (ST)	EET APT NO. CITY OR TOWN INSIDE CITY LIMITS?
COUNTY STALE	ZIP CODE FATHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEE WILSON SR IDA MCCLENDEN
INFORMANT'S NAME SARAH WILSON	RELATIONSHIP MAILING ADDRESS WIFE 4904 WEST QUINCY STREET, CHICAGO, IL, 60644
METHOD OF DISPOSITION BURIAL	PLAUE OF DISPOSITION LOCATION - CITY OR TOWN AND STATE DATE OF DISPOSITION NOVEMBER 28, 2020
FUNERAL HOME SMITH & THOMAS FUNER	RAL HOME, 5708. M. M. DISON, CHICAGO, IL, 60844
FUNERAL DIRECTOR'S NAME MARY SMITH	FÜNERAL DIRECTOR'S ILLÍNOIS LICENSE NUMBER 034011650
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH	DATE FILED WITH LOCAL REGISTRAR NOVEMBER 20, 2020
CAUSE OF DEATH PART INMEDIATE CAUSE	CONGESTIVE HEART FAILURE REDUCED EJECTION FRACTION
(Final disease or condition residing in death)	CHRONIC KIDNEY DISEASE
	Due to (or as a consequence of): Due to (or as a consequence of):
ć	PRIMARY HYPERTENSION
PART II: Enter other significant cond	Due to (or as a consequence of): ### Due to (or as a consequence of): ###################################
	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE	M WNER OF DEATH
DATE OF INJURY	TIME OF INJURY PLACE OF INJURY INJURY AT WORK?
LOCATION OF INJURY	
DESCRIBE HOW INJURY OCCURRE	
ATTEND THE DECEASED? D.	ATE LAST SEEN ALIVE. WAS MEDICAL EXAMINER OR DATE PRONOUNCED TIME OF DEATH NOVEMBER 11, 2020 CORONER CONTACTEO? NO 10.21 AM
CERTIFIER PHYSICIAN	DATE CERTIFIED NOVEMBER 18, 2020
I to the a to the term of the	PERSON COMPLETING CAUSE OF DEATH: ADISON STREET, SUITE 300, CHICAGO ILLINOIS, 60290 036138060

1577682



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

