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

CAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/20/2022 09:59 AM PG: 1 OF 3

**DECEASED JOINT TENANCY  
AFFIDAVIT**

**RETURN TO AND  
SEND SUBSEQUENT TAX BILL TO:**

Elijah Farrior  
8241 South Wood Street  
Chicago, Illinois 60620

Elijah Farrior, being duly sworn on oath,  
state as follows:

That he was acquainted with DECEDENT, who was his spouse. They were both, owners of residential real estate by Cook County Recorder of Deeds Certificate of Title Document Number 93434962 executed on February 21, 1973 and recorded June 27, 1973 at 8241 South Wood Street, City of Chicago of the County Cook and the State of Illinois, all interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit as:

**LEGAL DESCRIPTION**

LOT TWENTY-SEVEN (27) IN HENRY W. KERN'S RESUBDIVISION OF BLOCK THIRTEEN (13) OF AUBURN HEIGHTS, A SUBDIVISION OF THE EAST HALF (1/2) OF THE NORTHEAST QUARTER (1/4) OF SECTION 31, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number: 20-31-228-014-0000


Property Address: 8241 South Wood Street, Chicago, Illinois 60620

That the deceased, Annette L. Farrior, died on August 1, 2013, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That decedent died LEAVING NO WILL & TESTAMENT.

That the value of the property held in joint tenancy at the time of the death of the deceased, did not exceed the sum of \$100,000.00.

Affiant makes this affidavit for the purpose of removing deceased person's name from deed to above mentioned property.

  
\_\_\_\_\_  
**Elijah Farrior**

Survivor and Spouse of deceased party Annette Farrior

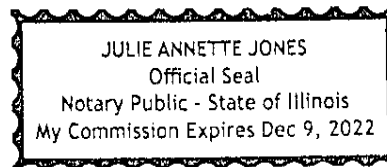
UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS  
COUNTY OF COOK

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT **Elijah Farrior** personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit.

Signed and sworn to before me this  
this 11<sup>th</sup> day of April 2022.



*Julie Annette Jones*  
\_\_\_\_\_  
Julie Annette Jones, Notary Public  
My commission expires on December 9, 2022

(SEAL)

This instrument was prepared by:  
Law Offices of Julie Annette Jones, P.C., 14810 Cicero, Suite 2E, Oak Forest, Illinois 60452

Cook County Clerk's Office

**UNOFFICIAL COPY****CERTIFICATION OF DEATH RECORD**

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2013 0060065

DATE ISSUED 8/7/2013

DECEDENT'S LEGAL NAME ANNETTE L FARRIOR		SEX FEMALE	DATE OF DEATH AUGUST 01, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 79 YEARS	DATE OF BIRTH JULY 03, 1934		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 358-26-7363	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME ELIJAH FARRIOR	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 8241 SOUTH WOOD	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIAM HOGAN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION AMY GARDNER
INFORMANT'S NAME DEBRA FARRIOR		RELATIONSHIP DAUGHTER	MAILING ADDRESS 8241 SOUTH WOOD, CHICAGO, IL, 60620	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION LINCOLN CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION AUGUST 10, 2013	
FUNERAL HOME TRAVELERS REST FUNERAL SERVICE INC, 7911 S. KOMENSKY AVENUE, CHICAGO, IL, 60652				
FUNERAL DIRECTOR'S NAME SHIRLEY M LATHAM			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011492	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 7, 2013	
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I a. b. c.	INTRACRANIAL HEMORRHAGE - NONTRAUMATIC Due to (or as a consequence of) Due to (or as a consequence of) Due to (or as a consequence of)		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			WAS AN AUTOPSY PERFORMED? NO	
FEMALE PREGNANCY STATUS NOT APPLICABLE			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			MANNER OF DEATH NATURAL	
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE JULY 31, 2013	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 05:28 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED AUGUST 03, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ELLEN C. OMI, 4440 WEST 95TH STREET, OAK LAWN, ILLINOIS, 60453			PHYSICIAN'S LICENSE NUMBER 036114622	

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.

*David Orr*  
David Orr  
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE