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2217522029

Prepared by and Mail to:

Nicole Brown
3047 194th PL
Lynwood, IL 60411

Doc# 2217522029 Fee \$88.00

SHSP FEE:\$9.00 RPRF FEE: \$1.00

CAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/24/2022 02:49 PM PG: 1 OF 3

22148286
Old Republic Title 1/3
9601 Southwest Highway
Oak Lawn, IL 60453

STATE OF ILLINOIS
COUNTY OF Cook

DECEASED JOINT TENANCY AFFIDAVIT
SS.

File Number: 22148286

Nicole Brown

being duly sworn states that she resides at 635 Calhoun Ave in the City of Calumet City

That she was acquainted with Jerry G. Mitchell deceased who, at the time of death, was one of the owners of the land in Cook County, IL, described as:

SEE ATTACHED LEGAL

That the deceased died August 19, 2018, 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 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, IL.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, IL, 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 10,000.00 dollars.

Affiant makes this affidavit for the purpose of inducing Old Republic National Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

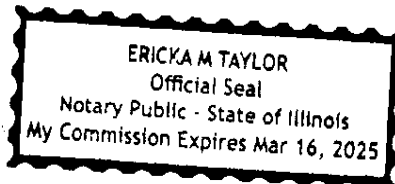
this 5th day of JUNE, A.D. 2022

Ericka M Taylor
Notary Public

Nicole Brown

dotloop verified
06/03/22 1:30 PM EDT
SBCG-SMSN-JCZY-059Y

(Affiant's Signature)



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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0069716

MEDICAL EXAMINER'S CASE NUMBER ME208-03885

DATE ISSUED 8/31/2018

DECEDENT'S LEGAL NAME JERRY G MITCHELL		SEX MALE	DATE OF DEATH AUGUST 19, 2018	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 51 YEARS	DATE OF BIRTH JANUARY 02, 1967		
CITY OR TOWN GLENVIEW		HOSPITAL OR OTHER INSTITUTION NAME MIDWEST PALLIATIVE & HOSPICE CARECENTER		
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME NICOLE BROWN	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 635 CALHOUN	APT. NO.	CITY OR TOWN CALUMET CITY		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60409	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JACOB MITCHELL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOUDREE ADAMS
INFORMANT'S NAME NICOLE MITCHELL		RELATIONSHIP WIFE	MAILING ADDRESS 635 CALHOUN, CALUMET CITY, IL, 60409	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT HOPE CEMETERY	LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION SEPTEMBER 01, 2018	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR AUGUST 30, 2018	
CAUSE OF DEATH				
PART I: COMPLICATIONS OF SPINAL CORD INJURY				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of)				
b. _____ Due to (or as a consequence of)				
c. _____ 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	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH ACCIDENT	
DATE OF INJURY JUNE 22, 2016	TIME OF INJURY 12:00 MID	PLACE OF INJURY SCHOOL-OTHER		INJURY AT WORK? YES
LOCATION OF INJURY 2590 OGDEN AVE, AURORA, IL, 60504				
DESCRIBE HOW INJURY OCCURRED DECEDENT FELL FROM HEIGHTS			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED AUGUST 19, 2018	TIME OF DEATH 09:47 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED AUGUST 29, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 0518324	

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
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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LEGAL DESCRIPTION

LOT 32 (EXCEPT THE SOUTH 10 FEET THEREOF) AND ALL OF LOT 33 IN BLOCK 2 IN EMIL G. SKOGLUNDS CALUMET MANOR, BEING A SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 12, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address commonly known as:

635 Calumet Ave

Calumet City, IL 60409

PIN#: 29-12-430-051-0000

Property of Cook County Clerk's Office