UNOFFICIAL COPY

JOINT TENANCY AFFIDAVIT

Prepared By & Return To: David L. Anders Hutchison, Anders & Hickey 7851 West 185th Street, Suite 105 Tinley Park, IL 60477

STATE OF	ILLINOIS)	O
COUNTY OF	WILL)	2:

Doc#. 2228445141 Fee: \$98.00

Karen A. Yarbrough Cook County Clerk

Date: 10/11/2022 03:16 PM Pg: 1 of 2

Bernice Newman, hereby referred to as the affiant, states under oath that the affiant resides at 12345 S. Princeton Avenue, Chicago, IL 60628; that the affiant was married to Spurgeon Newman, Decedent, at the time of the decedent's death, the decedent was one of the owners of a parcel of property by virtue of a property recorded joint tenancy or tenancy by the entirety deed, said property located in COOK County, Illinois and legally described as follows:

THAT PART OF THE SOUTH 40 FEET OF THE NORTH 123 FEET OF THE SOUTH 1/2 OF LOT 2 LYING EAST OF THE WEST 33 FEET THEREOF AND LYING WEST OF THE EAST 463.96 FEET THEREOF IN ANDREW'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 AND THE SOUTHEAST FRACTIONAL QUARTER OF SECTION 28, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Permanent Index Number(s): 25-28-400-032 Coco

Property Address: 12345 S. Princeton Avenue, Chicago, IL 60628

The decedent died on August 5, 2018, leaving a last Will and Testartert;

The decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein of the creation of interests to take effect in possession or enjoyment after death;

The total value of decedent's estate, including the taxable interest in the above property is unknown.

The State Estate/Inheritance Tax and the Federal Estate Tax, if any, that was due from the decedent's estate, has been paid in full;

Dernice Newman

Subscribed and sworn to before me this

10 day of October , 2012 (Month) (Year)

My commission expires:

OFFICIAL SEAL
MEGAN MALAK
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 4/25/28

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CHERTIE (OATION (OF DEATH REGORD

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

ATE FILE NUMBER 2018 00651	118					DATI	E 188UED 9/12		
ECEDENT'S LEGAL NAME SPURGEON NEWMAN					SEX MALE	DATE OF DEAT AUGUST 0			
OUNTY OF DEATH				DATE OF E	ятн 11, 1937		· ·		
ITY OR TOWN CHICAGO	<u> </u>		HOSPITAL OR OTHE 12345 S PRINC		NAME		• •		
DECEDENT'S HOME	SPIAL COMINGET ANGLES	I STATUS AT TU	E OF DEATH	SUBVIVING «POLI	SE/CIVIL LINION PARTNI	ER'S MÁ DEN NAMÉ	EVER IN U.S. ARME		
BIRTHPLACE SOCIAL SECURITY NUMBER STATU BOGALUSA, LA 439-50-2374 MAF		MARRIED	RRIED BERNICE				FORCEST NO		
ESIDENCE 12345 S PRINCETON AVE	0	APT I	Cl	OR TOWN HICAGO	· · · · · · · · · · · · · · · · · · ·		YES INST MARRIAGE/CIVIL UNI		
OUNTY STATE IL	60628 THAD	DEUS NEWM			RUBY THORN		INST MARKING EXCIVIL DIS		
FORMANTS NAME BERNICE NEWMAN						NCETON AVE, CHICAGO, IL, 80628			
NETHOD OF DISPOSITION BURIAL	PLACE OF CICPOSITION MOUNT HOPE CEMETERY			LOCATION - CITY OR TOWN AND STATE OF CHICAGO, IL			AUGUST 17, 2018		
FUNERAL HOME LEAK AND SONS, 7838 SOU	ITH COTTAGE GROV	/E, CH/CA30,	, IL, 60619				:		
UNERAL DIRECTOR'S NAME SPENCER LEAK SR	94				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489				
OCAL REGISTRAR'S NAME DAVID ORR	· C				DATE FILED WITH LOCAL REGISTRAR AUGUST 13, 2018				
CAUSE OF DEATH PART C	CORONARY ARTERY D		or as a consequence of)		0X854T 4.857/556 4.0 0547F			
resulting in death) b.		Data is p		9		fi de la			
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			or as a consequence of):						
ART II Enter other algorificant condition	ens contributing to death	but not resulting in:	the underlying cause give	en in PART to	VERI	F - 'TOPSY FINDI	REPORMED? NO		
FEMALE PREGNANCY STATUS		<u>" :" </u>	·	· · · · · · · · · · · · · · · · · · ·	MAN	LETE CAUSE OF	DEATH? N/A		
NOT APPLICABLE DATE OF INJURY	T:ME OF I	1JURY	PLACE OF INJURY			rukai.	INJÚRY AT WORK		
OCATION OF INJURY			<u>. </u>	<u> </u>	·)		
DESCRIBE HOW INJURY OCCURRED:	<u> </u>		 	· · ·		IF TRANSPOR	TATION INJURY, SPEC		
	E LAST SEEN ALIVE LUGUST 05, 2018		EXAMINER OR NTACTED? YES	DATE	PRONOUNCED	<u> </u>	TIME OF DEATH 07:59 PM		
CERTIFIER PHYSICIAN		<u> </u>		<u> </u>		DATE CERTIF AUGUST	ED 08, 2018		
NAME, ADDRESS AND ZIP CODE OF P ZAFAR AHMED MD, 13755	ERSON COMPLETING CAL	JSE OF DEATH				PHY5/CIAI 03608	YS LICENSE NUMBER		

2226812



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.



