

# UNOFFICIAL COPY

Doc#: 2302533143 Fee: \$98.00  
Karen A. Yarbrough  
Cook County Clerk  
Date: 01/25/2023 11:14 AM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

### MAIL TO:

Bott & Associates, Ltd.  
3701 Algonquin Road, Suite 712  
Rolling Meadows, Illinois 60008

STATE OF ILLINOIS        )  
  ) SS.  
COUNTY OF COOK        )

ALICIA SIMS, a single woman and MINNIE SIMPSON, a widow, being duly sworn states that they reside at 6159 Sunflower Drive, Matteson, IL 60443.

That ALICIA SIMS was the daughter and MINNIE SIMPSON was the spouse of RONALD S. SIMPSON, deceased, who at the time of his death was one of the owners of the following described land in Cook County, Illinois.

LOT 270 IN CREEKSIDE SUBDIVISION PHASE III, BEING A SUBDIVISION OF PART OF THE SOUTHWEST ¼ OF SECTION 17, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOS.

Property Address: 6159 Sunflower Drive, Matteson, IL 60443

Permanent Index Number: 31-17-320-001-0000

That the deceased died on October 20, 2022, as evidenced by a copy of death certificate of the deceased attached hereto.

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 death of the deceased, did not exceed the allowable exemptions available to the deceased's estate for Federal or Illinois Estate Tax Purposes.

That all debts of the deceased are paid in full and there is no Federal or Illinois Estate Tax due, or they have been paid in full.

Affiants makes this affidavit for purposes of inducing any title company to issue its title policy, describing the above-mentioned property.

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IN WITNESS WHEREOF, the Affiants have affixed their signatures hereto this 12 day of January, 2023.

Alicia Sims  
ALICIA SIMS

Minnie Simpson  
MINNIE SIMPSON

STATE OF ILLINOIS     )  
  ) SS.  
COUNTY OF COOK     )

I, the undersigned, a Notary Public in and for said County in the State aforesaid, DO HEREBY CERTIFY that ALICIA SIMS and MINNIE SIMPSON, personally known to me or by presenting an ID to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal this January 12, 2023.

Brittney Eason  
NOTARY PUBLIC



# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

EXHIBIT A

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

STATE FILE NUMBER 2022 0095210

DATE ISSUED 11/1/2022

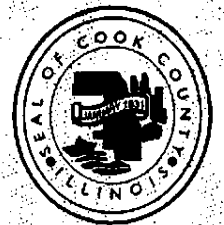
DECEDENT'S LEGAL NAME RONALD SIDNEY SIMPSON			SEX MALE	DATE OF DEATH OCTOBER 20, 2022																															
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH FEBRUARY 06, 1942																																
CITY OR TOWN MATTESON			HOSPITAL OR OTHER INSTITUTION NAME GENERATIONS AT APPLEWOOD																																
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY																																			
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME MINNIE SHANKLIN	EVER IN U.S. ARMED FORCES? NO																														
RESIDENCE 6159 SUNFLOWER DRIVE		APT. NO.	CITY OR TOWN MATTESON		INSIDE CITY LIMITS? YES																														
COUNTY COOK	STATE IL	ZIP CODE 60443	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LEON SIMPSON		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARIE HIGHTOWER																														
INFORMANT'S NAME MINNIE SIMPSON		RELATIONSHIP WIFE		MAILING ADDRESS 6159 SUNFLOWER, MATTESON, IL, 60443																															
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT HOPE CEMETERY		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION OCTOBER 27, 2022																														
FUNERAL HOME W W HOLT FUNERAL HOME, 175 W 159TH STREET, HARVEY, IL, 60426																																			
FUNERAL DIRECTOR'S NAME CORNELIUS E CARPENTER				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017031																															
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR OCTOBER 27, 2022																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">CAUSE OF DEATH</td> <td style="width: 15%;">PART I. CEREBRAL INFARCTION</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> <tr> <td>IMMEDIATE CAUSE (Final disease or condition resulting in death)</td> <td>a.</td> <td>_____</td> <td>Due to (or as a consequence of):</td> <td>MONTHS</td> <td></td> </tr> <tr> <td></td> <td>b.</td> <td>ESSENTIAL HYPERTENSION</td> <td>_____</td> <td>YEARS</td> <td></td> </tr> <tr> <td></td> <td>c.</td> <td>_____</td> <td>Due to (or as a consequence of):</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>_____</td> <td>Due to (or as a consequence of):</td> <td></td> <td></td> </tr> </table>						CAUSE OF DEATH	PART I. CEREBRAL INFARCTION					IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	_____	Due to (or as a consequence of):	MONTHS			b.	ESSENTIAL HYPERTENSION	_____	YEARS			c.	_____	Due to (or as a consequence of):					_____	Due to (or as a consequence of):		
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	b.	ESSENTIAL HYPERTENSION	_____	YEARS																															
	c.	_____	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																															
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A																															
FEMALE PREGNANCY STATUS NOT APPLICABLE				MANNER OF DEATH NATURAL																															
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?																															
LOCATION OF INJURY																																			
DESCRIBE HOW INJURY OCCURRED:				IF TRANSPORTATION INJURY, SPECIFY:																															
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE AUGUST 08, 2022	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 05:15 AM																															
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 25, 2022																															
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. LIINDSEY TENGERSTROM, 8525 WEST 183RD STREET, TINLEY PARK, ILLINOIS, 60477				PHYSICIAN'S LICENSE NUMBER 038146709																															

2375801



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM