UNOFFICIAL COPY

Illinois statutory-Cook County

AFFIDAVIT OF DEATH OF JOINT TENANT



Doc# 2315322029 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/02/2023 11:38 AM PG: 1 OF 3

State of Illinois

County of Cook

<u>Courtney Williams</u>, hereinafte: called "Affiant", being of legal age and being duly sworn, deposes and hereby states the following:

- 1.) The Affiant resides at 12434 Fairview Ave., Apt 1E, Blue Island, Illinois, 60406.
- 2.) That <u>Deborah Sue Williams</u>, hereafter referred to as "Deceased", died on July 29, 2014, as evidenced by a copy of Deceased's death certificate attached hereto.
- 3.) That Affiant was acquainted with Deceased, who was her mother. At her death, Decedent and her husband Charles E. Williams were joint tenants of the below-described property in Cook County, Illinois, described as:

Legal Description

LOT 28 (EXCEPT IN THE NORTH 2 FEET THEREOF) AND THE NORTH 13 FEET OF LOT 29 IN BLOCK 1 IN FRIEDLANDER'S SUBDIVISION OF THE EAST ½ OF THE NORTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 14, FAST OFTHE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 25-29-302-060-0000

Commonly Known As: 12354 S. Loomis Street, Calumet Park, Illinois 60827

- 4.) That the Deceased died intestate, so no will was filed with the Cook County Clerk of the Circuit Court.
- 5.) That the total value of the estate owned by the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in joint tenancy at the time of the Deceased's death does not exceed the sum of \$ 130 000 00.
- 6.) Affiant makes this affidavit for the purpose of any individual or corporation who may be harmed by the Affiant's lack of veracity.

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FURTHER AFFIANT SAYETH NOT.

I hereby affirm under oath that the preceding statements are true to the best of my knowledge.

Courtney Williams, Affiant

Subscribed and sworn before me on

this 2nd day of Mau

, 2023.

Notary Public, State of Illinois Man Derry Or Coot County Clerk's Office

Prepared By:

The Law Office of Doug Nelson, P.C. 161 N. Clark St., #1700 Chicago, IL 60601

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2014 005	8691					DATE ISSUED	8/6/2014
DECEDENT'S LEGAL NAME DEBORAH SUE WILLIAM	S				かい かんき こうない いっぱったい	OF DEATH Y. 29, 2014	
COOK COOK		E AT LAST BIRTHDAY 32 YEARS		DATE OF BI	RTH #BER 12 1951		
CITY OR TOWN PALOS HEIGHTS				ER INSTITUTION I	(4) F (1) 下海 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)		
PLACE OF DEATH INPATIENT							
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUM	MARRIED	OF DEATH	SURVIVING SPOUSI	EJCIVIL UNION PARTNER'S MAIO WILLIAMS	FORCES?	
RESIDENCE 12354 S LOOMIS		APT NO		Y OR TOWN ALUMET PAR		INSIDE CITY LIMI	TS7
COUNTY STAIL COOK IL		ER/CO-PARENT'S NAME PRIO ASHINGTON IRVINO	The state of the s	SE/CIVIL UNION	MOTHER/CO-PARENTS NAME I LAVERNE WILLIAN	PRIOR TO FIRST MARRIAGE/CIV	IL UNION
INFORMANTS NAME COURTNEY WILLIAMS		RELATIONSHIP DAUGHTER		MAILING ADDRES	SS EW AVE, BLUE ISLAND	IL, 60406	
METHOD OF DISPOSITION BURIAL		DISPOSITION HOPE CEMETERY	, \$ #	LOCATION CITY	なぶ ちゃかり ながらいり	DATE OF DISPOSITION AUGUST 04, 2014	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GTO'/E, CHICAGO; IL, 60619							
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR					FUNERAL DIRECTOR'S ILI 031007489	LINOIS LICENSE NUMBER	
LOCAL REGISTRAR'S NAME DAVID ORR					DATE FILED WITH LOCAL AUGUST 5, 2014	REGISTRAR	
CAUSE OF DEATH PART I.	LUNG CANCER		A			2 DA	YS.
(Final disease or condition resulting to death)		Due to (or as	s a cor sequent : of)		APPROXIMATE NITERALI HETWEEN	O O O	
					APPRO	V 196	
(a)		Due to (or as	a consequence o			δ	
			a consequence of)				1.00 de 1.00 d 1.00 de 1.00 d
PART II Enter other significant cond	itions contributing to de	eath but not resulting in the	underlying cause c	lven in PART		OPSY PERFORMED? NO	100 10 100 100 100 100 100 100 100 100 1
FEMALE PREGNANCY STATUS					COMPLETE C	AUSE OF DEATH? N/A	
NOT PREGNANT WITHIN LAST YEAR							
LOCATION OF INJURY						INJURY AT W	URK
DESCRIBE HOW INJURY OCCURRE)				IF TR	ANSI ORTATION INJURY, S	PECIFY:
ATTEND THE DECEASED? DA	ATE LAST SEEN ALIVE JULY 28, 2014	WAS MEDICAL EX-		DATE PR	ONOUNCED	TIME OF DEATH	l and
CERTIFIER PHYSICIAN						CERTIFIED UGUST 01, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LELA DEMEETER MD, 7270 W COLLEGE STE 203, PALOS HEIGHTS, ILLINOIS, 60463 036098873							



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



