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DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 2318012094 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 06/29/2023 11:31 AM Pg: 1 of 5

Prepared By and Return To:

Russel G. Robinson, Esq.
Robinson Payne LLC
2800 W. Higgins Road, Suite 160
Hoffman Estates, IL 60169
847-882-8888

Taxpayer Name and Address:

Allison Faulkner
Anson Jackson
207 N. Waters Edge Drive
Glendale Heights, IL 60139

STATE OF ILLINOIS)
COUNTY OF COOK) SS

ALLISON FAULKNER, F/K/A ALLISON JACKSON, being duly sworn states that she resides at 207 N. Waters Edge Drive, Glendale Heights, Illinois, 60139; and

ANSON JACKSON, being duly sworn states that he resides at 8960 Haskell Avenue, North Hills, California, 91343.

That ARMAND FRANK JACKSON, A/K/A ARMAND JACKSON, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, legally described as follows:

LEGAL DESCRIPTION IS ATTACHED HERETO AS EXHIBIT A.

Permanent Index Number: 25-03-209-034-0000

Property Address: 530 E. 88th Place, Chicago, Illinois, 60619

That the deceased, ARMAND FRANK JACKSON, died on February 22, 2023, and a redacted copy of his Medical Certificate of Death is attached hereto as EXHIBIT B.

That the deceased died:

Leaving no Last Will & Testament.

Leaving a Last Will and Testament a copy of which is attached hereto. The original of the ~~_____ Last Will and Testament should be filed with the Clerk of Probate Division of the Circuit Court of Kane County, Illinois, the County of residence of the deceased at the time of his death.~~

Leaving a Will dated _____ which was filed with the Probate Division of the Circuit Court of Cook County on _____.

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STATE OF ILLINOIS)
COUNTY OF COOK)SS

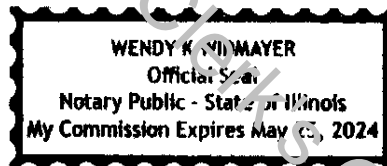
Date: June 13, 2023

Allison Faulkner
Allison Faulkner, F/K/A Allison Jackson

I, the undersigned, a Notary Public in and for the County and State aforesaid, DO HEREBY CERTIFY that ALLISON FAULKNER, F/K/A ALLISON JACKSON, who [] produced _____ as identification or [] is 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 under oath, acknowledged that she signed, sealed and delivered the said instrument as a free and voluntary act for the uses and purposes therein set forth.

Date: June 13, 2023

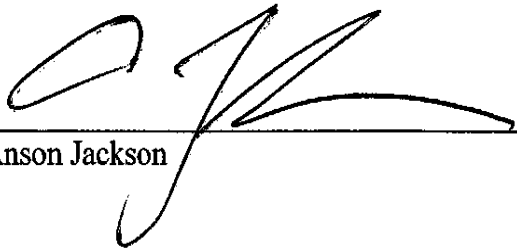
Wendy K. Mayer
Notary Public



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STATE OF CALIFORNIA)
COUNTY OF Los Angeles)SS

Date: June 26, 2023


Anson Jackson

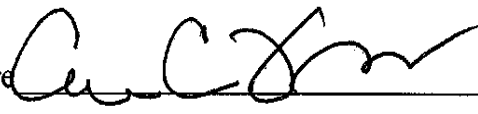
A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

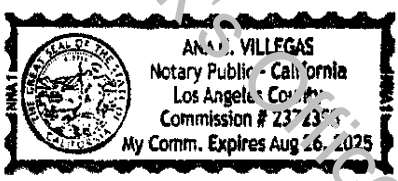
COUNTY OF LOS ANGELES
STATE OF CALIFORNIA

On 06/26/2023, 2023, before me, ANA C. VILLEGAS, a Notary Public, personally appeared ANSON JACKSON, proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person or the entity upon behalf of which the person acted, executed the instrument.

I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 



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EXHIBIT A

LEGAL DESCRIPTION

LOT 36; IN BLOCK 31; IN S.F. GROSS SUB. OF BLKS. 27 TO 42, OF DAUPHIN PARK AVE.
SUB. OF THE W. 1/2 OF THE N.E. 1/4 OF SEC. 3-37-14.

Property of Cook County Clerk's Office

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CERTIFICATE OF DEATH RECORD

EXHIBIT B

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

STATE FILE NUMBER 2023 0018808

DATE ISSUED 2/28/2023

DECEDENT'S LEGAL NAME ARMAND FRANK JACKSON		SEX MALE	DATE OF DEATH FEBRUARY 22, 2023																				
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 57 YEARS	DATE OF BIRTH MARCH 28, 1965																					
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE TRINITY HOSPITAL																					
PLACE OF DEATH EMERGENCY ROOM / OUTPATIENT																							
BIRTH PLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH NEVER MARRIED/NEVER IN CIVIL UNION	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO																			
RESIDENCE 530 EAST 88TH PLACE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES																			
COUNTY COOK	STATE IL	ZIP CODE 60619	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION																			
INFORMANT'S NAME ALLISON FAULKNER		RELATIONSHIP SISTER	MAILING ADDRESS 207 N WATERS EDGE DRIVE, GLENDALE HEIGHTS, IL, 60139																				
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION CREMATORY SERVICES, ILL LLC	LOCATION - CITY OR TOWN AND STATE SCHILLER PARK, IL	DATE OF DISPOSITION FEBRUARY 28, 2023																				
FUNERAL HOME CHICAGO LAND CREMATION OPTIONS, 9329 W. BYRON ST, SCHILLER PARK, IL, 60176																							
FUNERAL DIRECTOR'S NAME DOUGLAS KLEIN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034015701																				
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 28, 2023																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> CAUSE OF DEATH PART I <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%; text-align: center;">a</td> <td style="width: 50%;">[REDACTED]</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> INTERVAL BETWEEN ONSET AND DEATH </td> <td style="width: 20%; text-align: center;">[REDACTED]</td> </tr> <tr> <td style="text-align: center;">b</td> <td>[REDACTED]</td> <td style="text-align: center;">[REDACTED]</td> </tr> <tr> <td style="text-align: center;">c</td> <td>[REDACTED]</td> <td style="text-align: center;">[REDACTED]</td> </tr> <tr> <td style="text-align: center;">d</td> <td>[REDACTED]</td> <td style="text-align: center;">[REDACTED]</td> </tr> <tr> <td colspan="5" style="text-align: center;"><small>Due to (or as a consequence of):</small></td> </tr> </table>					CAUSE OF DEATH PART I <small>(Final disease or condition resulting in death)</small>	a	[REDACTED]	INTERVAL BETWEEN ONSET AND DEATH	[REDACTED]	b	[REDACTED]	[REDACTED]	c	[REDACTED]	[REDACTED]	d	[REDACTED]	[REDACTED]	<small>Due to (or as a consequence of):</small>				
CAUSE OF DEATH PART I <small>(Final disease or condition resulting in death)</small>	a	[REDACTED]	INTERVAL BETWEEN ONSET AND DEATH	[REDACTED]																			
	b	[REDACTED]		[REDACTED]																			
	c	[REDACTED]		[REDACTED]																			
	d	[REDACTED]		[REDACTED]																			
<small>Due to (or as a consequence of):</small>																							
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. [REDACTED]			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			IF TRANSPORTATION INJURY, SPECIFY																				
DESCRIBE HOW INJURY OCCURRED:																							
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 03:32 AM																			
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 28, 2023																				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SAID ABUHASNA, 2320 E 93RD ST, CHICAGO, ILLINOIS, 60617			PHYSICIAN'S LICENSE NUMBER 036081409 2496110																				

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.

Karen A. Yarbrough
 Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE