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Doc#: 2320840244 Fee: \$107.00

Karen A. Yarbrough

Cook County Clerk

Date: 07/27/2023 03:30 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF Illinois)
) SS.
COUNTY OF Cook)

That Pearline Colbert duly sworn states that she resides at 7623 West 63rd Place Summit, Illinois 60501

That Essie Mae Madison was one of the owners of the land at 7623 West 63rd Place Summit, Illinois 60501 legally described as follows:

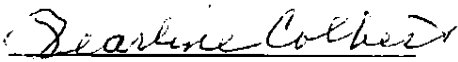
LOT 12 IN BLOCK 4 IN CORN PRODUCTS SUBDIVISION OF PART OF NORTH 1043 FEET OF SECTION 24, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE THIRD PRINCIPAL IN COOK COUNTY, ILLINOIS.

P.I.N: 18-24-103-011-0000

That the deceased died on June 29, 1997 as evidenced by a copy of a death certificate of the deceased attached hereto as Exhibit A. That the deceased died without leaving a Last Will & Testament. 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 Six Hundred Thousand dollars and 00/100 (\$600,000.00).

Affiant makes this affidavit for that purpose of inducing a licensed Title Insurance Company to issue an owner's policy for the above-referenced property.

IN WITNESS WHEREOF, this document was executed on July 25, 2023

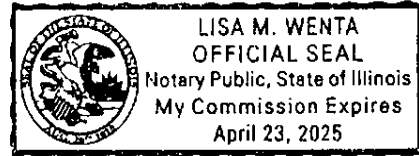

Pearline Colbert

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State of Illinois
County of Cook ss.

The undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Pearlina Colbert 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 acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.

Lisa M. Wenta
Notary Public



This Document prepared by Attorney Michael J. Laird 6537 West Archer Ave. Chicago, Il. 60638

Return Document to: Attorney Michael J. Laird 6537 West Archer Ave. Chicago, Il. 60638

Property of Cook County Clerk's Office

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STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0 STATE FILE NUMBER

DECEASED-NAME: **FIRST MIDDLE LAST**
Essie Mae Madison

1. COUNTY OF DEATH: Cook SEX: Female DATE OF DEATH: June 29, 1997

2. DATE OF BIRTH: May 14, 1917

3. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): 7623 West 63rd Street (Hospital) D.O.A.

4. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Argo

5a. AGE-LAST BIRTHDAY (YRS) MO. DAY: 81

5b. HOURS MIN: 8

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Argo, Illinois

6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed

7. PHOENIX, MS

8. USUAL OCCUPATION: Homemaker

9. SOCIAL SECURITY NUMBER: 354-16-5503

10. RESIDENCE (STREET AND NUMBER): 7623 West 63rd Place

11a. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: Argo

11b. INSIDE CITY (YES/NO): Yes

11c. COUNTY: Cook

12. ZIP CODE: 60501

13. RACE: Black

14. FATHER-NAME: Turner Sykes

15. RELATIONSHIP: Daughter

16. MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP): 176 Daugheter 17c7623 West 63rd Place Argo, IL 60501

17. PART I. Immediate Cause (Final disease or condition resulting in death): Pneumonia

18. PART II. Other significant conditions contributing to death but not near or proximate cause (given in PART I):

19. AUTOPSY (YES/NO): No

20. MAJOR FINDINGS OF OPERATION: None

21. DATE OF OPERATION, IF ANY: None

22. SIGNATURE: Pete Kallala

23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): Pete Kallala MD 7234 West Ogden Riverside, Illinois

24. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT): None

25. BIRTHDAY (MONTH DAY YEAR): June 28, 1996

26. DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: June 28, 1996

27. HOUR OF DEATH: 12:45 A.M.

28. DATE SIGNED: July 1, 1997

29. ILLINOIS LICENSE NUMBER: 036-091104-01

30. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

31. FUNERAL HOME: Burr Oak Cemetery

32. CEMETERY OR CREMATORY-NAME: Burr Oak Cemetery

33. STREET AND NUMBER OR R.F.D.: 24c Aisip, Illinois

34. CITY OR TOWN: Aisip, Illinois

35. STATE: Illinois

36. DATE: July 5, 1997

37. ZIP: 60628

38. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c 034-015236

39. LOCAL REGISTRAR'S SIGNATURE: Karen L. Scott, M.D.

40. DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR): JUL 08 1997

41. REGISTRAR: Karen L. Scott, M.D.

42. ILLINOIS DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS (BASED ON 1989 ILLINOIS STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date: JUL 08 1997 Signed: Nadine McCurry
 At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301

Exhibit A