

# UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

97515374

STATE OF ILLINOIS)  
  ) SS.  
COUNTY OF COOK)

ORDER NO.  
DEPT-01 RECORDING \$23.50  
T:2222 TRAN 1334 07/17/97 11:56:00  
#2322 + LM \*-97-515374  
COOK COUNTY RECORDER  
DEPT-10 PENALTY \$20.00

GENEVA ARCHER, hereinafter referred to as the affiant deposes and states that the decedent resided at 806 E. GLENWOOD-DYER ROAD, Glenwood, Illinois.

That the decedent, WILLIE MOORE, at the time of his/her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

UNIT 806 AS DELINEATED ON SURVEY OF THE FOLLOWING DESCRIBED PARCEL OF REAL ESTATE (HEREINAFTER REFERRED TO AS "PARCEL");  
OUTLOT C IN BROOKWOOD POINT UNIT NO. 4, BEING A SUBDIVISION OF PART OF THE NORTH WEST 1/4 OF SECTION 11, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED TO AS EXHIBIT "A" TO DECLARATION OF CONDOMINIUM OWNERSHIP MADE BY SOUTH HOLLAND TRUST AND SAVINGS BANK, AS TRUSTEE UNDER TRUST AGREEMENT DATED THE 29TH DAY OF OCTOBER, 1971 AND KNOWN AS TRUST NUMBER 1649 RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS OF COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 21808431 TOGETHRE WITH ITS UNDIVIDED PERCENTAGE INTEREST IN SAID PARCEL (EXCEPTING FROM SAID PARCEL ALL THE PROPERTY AND SPACE COMPRISING ALL THE UNITS THEREOF AS DEFINED AND SET FORTH IN SAID DECLARATION AND SURVEY) IN COOK COUNTY, ILLINOIS.

97515374

PIN: 32-11-108-025-1032  
Commonly Known as: 806 E. GLENWOOD DYER ROAD, GLENWOOD, ILLINOIS

That said decedent died on JUNE 11, 1997, leaving a/no last will and testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate is not over the sum of \$150,000.00;

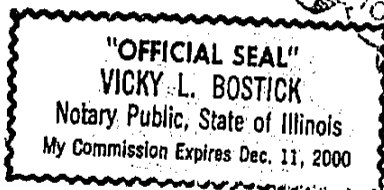
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

That the affiant makes this affidavit to induce any TITLE SERVICES COMPANY to issue its Policy of Title Insurance on the above described property;

Geneva Archer  
GENEVA ARCHER

Subscribed and Sworn to before me this 9 day of July, 1997, in and for said State and County.

Vicky L. Bostick  
Notary Public



Scott R. Wheaton  
18225 Bolshaw  
LANSING, IL 60438

23 50  
20  
43 50  
43 50

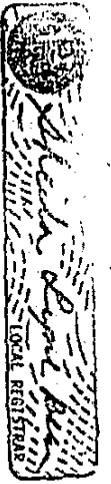
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REGISTRATION DISTRICT NUMBER 16.10  
 REGISTERED NUMBER  
 DECEASED NAME JESSIE FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)  
 1. JESSIE WILLIE MOORE 2. MALE 3. JUNE 11, 1997  
 COUNTY OF DEATH COOK AGE LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY  
 4. COOK 58. 05. 14 APRIL 14 1934  
 CITY, TOWN, VILL, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT MEMBER, GIVE STREET AND NUMBER)  
 5. CHICAGO 60. ST. LORENAARD HOSPITAL  
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY FORMER MARRIAGE)  
 6. CHICAGO, ILL. WIDOWED  
 NAME OF SURVIVING SPOUSE (NAME AND NAME OF WIFE)  
 7. EXPOS TV  
 SOCIAL SECURITY NUMBER USUAL OCCUPATION  
 8. 354-38-1383 11A. CUSTODIAN 11B. HATRACK 12. EDUCATION (SPECIFY ONLY HIGH SCHOOL GRADUATE)  
 RESIDENCE (STREET AND NUMBER) CITY, TOWN, VILL, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO)  
 9. 5618 50 MARYLAND CHICAGO 13C. YES 13D. COOK  
 STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, PACIFIC ISLANDER)  
 10. ILLINOIS 13160637 14A. 10 LEAK 14B. RNO 14C. YES 14D. YES 14E. YES  
 FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE LAST (MARRIAGE)  
 15. JOHN EDDIE MOORE 16. SALLY  
 INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)  
 17A. WALTER ROBERSON 17B. SISTER 17C. 5618 50 MARYLAND CHICAGO ILL  
 18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.  
 Immediate Cause (Final disease or condition resulting in death)  
 (a) Accidents  
 (b) Suicide, or as a consequence of due to, or as a consequence of  
 (c) Enter specific conditions contributing to death but not resulting in the underlying cause of death.  
 PART II. Enter specific conditions contributing to death but not resulting in the underlying cause of death.  
 DATE OF OPERATION: IF ANY RACOR FINDINGS OF OPERATION  
 19A. No 19B. No  
 AUTOPSY (YES/NO) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO  
 19A. No 19B. No  
 20A. End stage renal disease COPD  
 (MORPH, DAY, YEAR) (MORPH, DAY, YEAR)  
 20B. 6/9/97 20C. 2:30 P. M.  
 (MORPH, DAY, YEAR) (MORPH, DAY, YEAR)  
 21A. 6/9/97 21B. 6/12/97  
 (MORPH, DAY, YEAR) (MORPH, DAY, YEAR)  
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE PLACE, DATE AND HOUR/DUE TO THE CAUSE(S) STATED.  
 22A. SIGNATURE (TYPE) HOWANA HEALTH CARE PLANS CHRISTOPHER HERBERT, M.D.  
 NAME AND ADDRESS OF CERTIFIER (TYPE) ILLINOIS LICENSE NUMBER 22B. 036-091166  
 22C. NAME OF ATTENDING PHYSICIAN IF OTHER THAN THE CERTIFIER (TYPE) 1525 EAST WOOD PARK CHICAGO ILLINOIS 60615  
 23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)  
 24A. CHICAGO ILL. ST. LORENAARD HOSPITAL CHICAGO ILLINOIS 24B. CHICAGO ILLINOIS 24C. ILLINOIS 24D. JUNE 14 1997  
 FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE  
 25A. TAYLOR FUNERAL HOME 63 E 79TH ST CHICAGO ILLINOIS 60619  
 FUNERAL DIRECTOR'S SIGNATURE (TYPE) DATE (MONTH, DAY, YEAR)  
 25B. [Signature] 034-010650  
 LOCAL REGISTRAR'S SIGNATURE (TYPE) DATE (MONTH, DAY, YEAR)  
 26A. [Signature] JUN 12 1997  
 ILLINOIS (REV. 5/91) ILLINOIS (REV. 5/91) ILLINOIS (REV. 5/91)

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO  
 JUN 12 1997  
 SHEILA LYNE, RSW, LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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