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CHICAGO TITLE INSURANCE COMPANY

120 E LIBERTY DRIVE, WHEATON, IL 60187

97252849

23.00
2000
7/1

76-33-587-HE

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF LAKE } ss.

Order No.: 7633587

JAMES E SPARKS

being duly sworn states that HE resides at 1111 N. ROSSELL, Oak Park, IL
in the City of _____.

That HE was acquainted with MARVIN R SPARK deceased who, at the time of death,
was one of the owners of the land in COOK County, Illinois, described as:

SEE ATTACHED

- DEPT-01 RECORDING \$23.00
- T#0012 TRAN 4648 04/11/97 11:09:00
- #4971 # ER *-97-252849
- COOK COUNTY RECORDER
- DEPT-10 PENALTY \$20.00

That the deceased died 7/16/95, as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____.

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 _____ dollars.

Affiant makes this affidavit for the purpose of inducing Chicago Title Insurance Company to issue its Title Insurance Policy, describing the above mentioned property.

Subscribed and sworn to before me by the said

[Signature]
this 8th day of April, A.D. 1997

Kay Peterson
Notary Public

(Affiant's Signature)

97252849

BOX 333-CTI

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Property of Cook County Clerk's Office

STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33
 REGISTERED NUMBER 522

DECEASED-NAME MARVIN R SPARKS	SEX 2 MALE	DATE OF BIRTH (MONTH, DAY, YEAR) 3 JULY 16, 1995
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER EVERGREEN PARK	CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO	COUNTY COOK
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) BLACK	DATE OF DEATH (MONTH, DAY, YEAR) 3 JULY 16, 1995
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NEVER MARRIED	14b. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> SPECIFY: MOTHER-NAME FIRST MIDDLE LAST NOT AVAILABLE	15. NOT AVAILABLE
10. 718-03-2879	16. NOT AVAILABLE	17a. PATRICIA FOLLARD/CLERK
11a. PETER	17b. HOMEWORKS	17c. EVERGREEN PARK, ILL 60805
13a. 10713 SOUTH GLENROY	18. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each line. (a) RESPIRATORY FAILURE (b) BIL. PNEUMONIA (c) CHRONIC OBSTRUCTIVE LUNG DISEASE	18. PART II. Enter symptoms contributing to death but not leading to the underlying cause given in PART I. CONGESTIVE HEART FAILURE
13b. ZIP CODE 60643	19a. AUTOPSY (YES/NO) NO	19b. IF FEMALE, WAS THERE A PREGNANCY IMPACT THREE MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
13c. ILLINOIS	20a. (1) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 7/16/95	20b. DATE OF OPERATION, IF ANY
FATHER-NAME FIRST MIDDLE LAST	21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED	21c. HOUR OF DEATH 11:05 AM
15. NOT AVAILABLE	22a. SIGNATURE S. VENKATARAMAN	22b. DATE SIGNED 7/18/95
16. NOT AVAILABLE	22b. SIGNATURE ANNE T. THAUER	22c. ILLINOIS LICENSE NUMBER 036-067578
17a. PATRICIA FOLLARD/CLERK	23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23a. CEMETERY OR CREMATORY-NAME LINCOLN
17b. HOMEWORKS	24. FUNERAL HOME	24a. STREET AND NUMBER OR R.F.D. 24c. NORTH TOWNSHIPS, ILLINOIS
17c. EVERGREEN PARK, ILL 60805	25a. THE WILLIAMS CHAPEL - 11053-80. VIKENNES AVE. CHICAGO, ILL. 60643	25b. FUNERAL DIRECTOR'S SIGNATURE
18. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each line. (a) RESPIRATORY FAILURE (b) BIL. PNEUMONIA (c) CHRONIC OBSTRUCTIVE LUNG DISEASE	26a. LOCAL REGISTRANT'S SIGNATURE Anne T. Thauer	26b. DATE OF LOCAL REGISTRATION (MONTH, DAY, YEAR) 7/18/95
18. PART II. Enter symptoms contributing to death but not leading to the underlying cause given in PART I. CONGESTIVE HEART FAILURE	26c. FURNAL DIRECTOR'S LICENSE NUMBER 034-00911	26d. DATE OF 1990'S STANDARD CERTIFICATE (BASED ON 1990'S STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON IN ITEM #1 AND THAT THIS RECORD WAS ESTABLISHED AND FILED IN MY OFFICE IN ACCORDANCE WITH THE PROVISIONS OF THE ILLINOIS STATUTES RELATING TO THE REGISTRATION OF BIRTHS, STILLBIRTHS AND DEATHS.

DATE JULY 18, 1995
 AT EVERGREEN PARK, ILLINOIS

REGISTRAR Annette Thauer
 DEPUTY REGISTRAR _____

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