



UNOFFICIAL COPY Chicago Title Insurance Company

DECEASED JOINT TENANCY AFFIDAVIT

97300952

STATE OF ILLINOIS
COUNTY OF COOK

ss.

Order No. 007657660

*272
24.02
12*

Juanita M. Crouch being duly sworn
states that she resides at 2028 S. 24th Avenue,
Broadview, IL in the City of

That she was acquainted with Bertha L. Sewell (her mother)
deceased who, at the time of her death, was one of the owners of the land in Cook
County, Illinois described as:

LOT 16 IN BLOCK 4 IN W. C. REYNOLD'S SUBDIVISION OF, THE EAST 1/2 OF THE
NORTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 39 NORTH, RANGE
13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN 16-09-112-034-000

DEPT-01 RECORDING \$27.00
T40012 TRAN 4887 04/30/97 11:52:00
\$2556 + SER # 97-300952
COOK COUNTY RECORDER

That the deceased died April 13, 1996, 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 Cook 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 _____

DEPT-10 FEEALTY \$24.00

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 SIXTY THOUSAND DOLLARS dollars.

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

Subscribed and sworn to before me by the said

Juanita M. Crouch

this 24th day of April, A.D. 19 97

Paul Fischer
Notary Public

Juanita M. Crouch
(affiant's signature)

FORM 3703



BOX 333-CTI

97300952

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Property of Cook County Clerk's Office

97300952

STATE OF ILLINOIS
FEBRUARY 1996

MEDICAL CERTIFICATE OF DEATH

REGISTRAR'S DISTRICT NO. 16.24
REGISTERED NUMBER 271
DECEASED-NAME

1. COUNTY OF DEATH: Cook; DATE OF DEATH: April 13, 1996; SEX: Female; AGE: 58; BIRTHDAY: July 5, 1937; CITY: Chicago; HOSPITAL: WEST SUBURBAN HOSPITAL; DEATH PLACE: WILSON, ILLINOIS; SOCIAL SECURITY: 427-80-0415; FATHER: WILBURN MCKENNIE; MOTHER: JUANITA CROUCH; IMMEDIATE CAUSE: Advanced Carcinoma of Colon; UNDERLYING CAUSE: Metastatic Disease; DATE OF OPERATION: December 1995; SIGNATURE: Krish Venkatesh; REGISTRAR: Raju A. Reddy

APR 16 1996
LOCAL REGISTRAR'S SIGNATURE
APR 17 1996
DATE OF DEATH
LOCAL REGISTRAR'S SIGNATURE

REGISTRAR'S DISTRICT NO. 16.24
REGISTERED NUMBER 271
DECEASED-NAME

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LAST WILL AND TESTAMENT OF BERTHA L. SEWELL

E. H. Hubert
A

BE IT KNOWN that I, Bertha L. Sewell, a resident of Chicago, County of Cook, in the State of Illinois, being of sound mind, do make and declare this to be my Last Will and Testament expressly revoking all my prior Wills and Codicils at any time made.

I. PERSONAL REPRESENTATIVE:

I appoint Juanita M. Crouch of Broadview, Illinois, as Personal Representative of this my Last Will and Testament and provide if this Personal Representative is unable or unwilling to serve then I appoint

Willie Davismckennie of Mundelein, IL, as alternate Personal Representative. My Personal Representative shall be authorized to carry out all provisions of this Will and pay my just debts, obligations and funeral expenses. I further provide my Personal Representative shall not be required to post surety bond in this or any other jurisdiction, and direct that no expert appraisal be made of my estate unless required by law.

II. GUARDIAN: N/A

In the event I shall die as the sole parent of minor children, then I appoint _____ as Guardian of said minor children. If this named Guardian is unable or unwilling to serve, then I appoint _____ as alternate Guardian.

III. BEQUESTS:

I direct that after payment of all my just debts, my property be bequeathed in the manner following:

Real Estate: 610 N. Latrobe, Chicago, IL 60646

Auto: 1993 Ford Escort

Monitary Assets: Any/All disability income owed me, Internal Revenue Income Tax Refund due me for 1995, Any/All insurance policies paid by me and placed with Juanita M. Crouch for safe keepings.

Any/All of my personal belongings or other assets that may have been overlooked.

All these items are to be administrated dually by my daughter, Juanita M. Crouch and my son Willie Davismckennie. With this in mind, they will both keep all five of my children's interest at heart. Dually, they have my blessing to make whatever decision they see fit in the interest of satisfying my expenses first so as to avoid any burden to any of my children.

Bertha L. Sewell
Testator Signature Bertha L. Sewell

Page 1 of 3

Execute and attest before a notary.

Caution: Louisiana residents should consult an attorney before preparing a will.

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IN WITNESS WHEREOF I have hereunto set my hand this 10th day of April, 1996, to this my Last Will and Testament.

Bertha L. Sewell
Testator Signature Bertha L. Sewell

IV. WITNESSED:

The testator has signed this will at the end and on each other separate page, and has declared or signified in our presence that it is his/her last will and testament, and in the presence of the testator and each other we have hereunto subscribed our names this 10th day of April, 1996.

R. Peter Staples 5118 S. Indiana, Chicago, IL 60615
Witness Signature Address

Mrs. Eliza Staples 5118 S. Indiana, Chicago, IL 60615
Witness Signature Address

Witness Signature Address

We, Rev. Peter Staples, Mrs. Eliza Staples, and _____

the testator and the witnesses, respectively, whose names are signed to the attached and foregoing instrument, were sworn and declared to the undersigned that the testator signed the instrument as his/her Last Will and Testament and that each of the witnesses, in the presence of the testator and each other, signed the will as witnesses.

Testator: Bertha L. Sewell Witness: R. Peter Staples
Witness: Mrs. Eliza Staples
Witness: _____

ACKNOWLEDGMENT

State of _____
County of _____

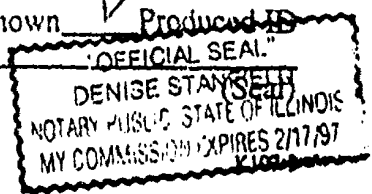
On 4/10/96 before me, Bertha Sewell, Rev. Peter Staples and Eliza Staples
appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Denise Stanfield

Affiant Known Produced ID
Type of ID D.L.



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