



99572629

**JOINT TENANCY  
AFFIDAVIT**

CLARA WILLIAMS, hereinafter referred to as the affiant, states under oath that the affiant resides at 1807 N. Rutherford, in the City of Chicago, County of Cook, State of Illinois; that the affiant was acquainted with **RICHARD BIRDEN**, the decedent, and that at the time of death, the decedent was one of the owners of the property by virtue of a properly recorded joint tenancy warranty deed, said property located in COOK COUNTY, ILLINOIS and legally described as follows:

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5678/0094 66 001 Page 1 of 3  
1999-06-15 12:25:29  
Cook County Recorder 25.50

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**LEGAL DESCRIPTION:** LOT 17 IN BLOCK 1 IN JAMES BOLTON'S SUBDIVISION OF LOT 1 IN WILSON HEALD AND STEBBINGS' SUBDIVISION OF THE EAST 1/2 OF THE SOUTHWEST 1/4 OF SECTION 15, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN. IN COOK COUNTY, ILLINOIS.

P.I.N. 20-15-303-030

Commonly known as 5928 S. Prairie, Chicago, Illinois 60637

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

The decedent died on the 31 day of December, 1993 leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$125,000.00 and;

That the value of the above property individually was \$117,000.00;

That the affiant makes this affidavit to induce ATTORNEYS' TITLE INSURANCE FUND, INC. to issue its policy of title insurance on the above described property.

That **CLARA WILLIAMS**, the affiant, hereby covenants and agrees, for herself, heirs, personal representatives or assignees, to forever fully indemnify, protect, defend and hold ATTORNEYS' TITLE INSURANCE FUND, INC. harmless and to reimburse the Fund for all loss, costs, damages, suits, attorney's fees and expenses and every kind and nature which the Fund may suffer, expend or incur by reason of the issuance of said policy free and clear of the following objections:

1. Claims against the estate of **RICHARD BIRDEN**, the decedent;
2. State and Federal Tax which may be charged against the estate of said decedent;
3. Legacies, if any, created by the will of said decedent;
4. Rights to contribution.

**P.N.T.N.**

*Clara Williams*

CLARA WILLIAMS

SUBSCRIBED AND SWORN to before me this 11th day of March, 1999

*Barrett F. Pedersen*

Notary Public



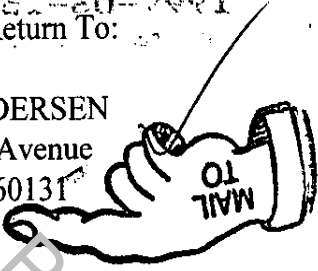
# UNOFFICIAL COPY

Note: If the decedent left a Will, it is necessary that the original or a certified copy thereof be presented to us for inspection. a Death Certificate, together with evidence of payment of death taxes, if any, should accompany this Affidavit.

99572639

Prepared By and Return To:

BARRETT F. PEDERSEN  
9701 West Grand Avenue  
Franklin Park, IL 60131  
(847) 455-9444  
Atty. No. 27139



Property of Cook County Clerk's Office

REGISTRATION DISTRICT NO. 16.24  
 REGISTERED NUMBER 10

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named on 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.

SIGNED \_\_\_\_\_  
 LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH in Springfield Illinois. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar on the county clerk shall be prima facia evidence in all courts and places of the facts therein stated.

JAN 05 1998  
 Oak Park, IL.

DECEASED-NAME: **RICHARD BIRDEN** FIRST MIDDLE LAST  
 SEX: **MALE** DATE OF DEATH: **3 DECEMBER 31, 1997**

COUNTY OF DEATH: **COOK** AGE-LAST BIRTHDAY (YRS): **58** UNDER 1 YEAR: **0** HOURS: **0** MIN: **0** DATE OF BIRTH: **3 DECEMBER 31, 1937**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **OAK PARK** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WHETHER GIVE STREET AND NUMBER): **OAK PARK HOSPITAL**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Greenwood, Miss** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **Married** NAME OF SURVIVING SPOUSE (IF FEMALE, IF WIFE): **Ruby Jean McIlree**

SOCIAL SECURITY NUMBER: **427 05 7321** USUAL OCCUPATION: **Laborer** KIND OF BUSINESS OR INDUSTRY: **General** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **4**

RESIDENCE (STREET AND NUMBER): **444 North Lamont St.** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY (YES/NO): **Yes** COUNTY: **COOK**

STATE: **Illinois** ZIP CODE: **60644** RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY)): **Black** HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **NO**

FATHER-NAME: **Richard Birden** MOTHER-NAME: **Louvenia Brewer**

INFORMANT'S NAME (TYPE OR PRINT): **JOAN P. JANCIK** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17c.520 S. MAPLE AV., OAK PARK, IL., 60304**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **Carcinoma of the lung**  
 (a) DUE TO, OR AS A CONSEQUENCE OF: **Carcinoma of the lung**  
 (b) DUE TO, OR AS A CONSEQUENCE OF: **Bilateral Pneumonia**  
 (c) DUE TO, OR AS A CONSEQUENCE OF: **Acute Renal Failure**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **Bilateral Pneumonia**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **Acute Renal Failure**

DATE OF OPERATION, IF ANY: **N/A** MAJOR FINDINGS OF OPERATION: **Acute Renal Failure**

(10) (DID NOT) ATTEND TO DECEASED AND LAST SAWN UP BY: **James D. Miller** (MONTH, DAY, YEAR): **12/31/97** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **NO**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **James D. Miller**

22a. SIGNATURE: **James D. Miller** ILLINOIS LICENSE NUMBER: **60301**

22c. JAMES LEE MILLER MD.-1145 N. WESTGATE AV. #208, OAK PARK, IL.

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT): **James D. Miller**

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **Oak Park**

24a. Burial: **Forest Home** CEMETERY OR CREMATORY-NAME: **Forest Home** LOCATION: **Forest Park, Ill.**

25a. Jos. R. Jones Funeral Home 5515 W. Chicago Ave. Chicago, IL. 60651

25b. LOCAL REGISTRAR'S SIGNATURE: **James D. Miller**

25c. DATE SIGNED: **1-2-98**

26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **JAN 05 1998**