

UNOFFICIAL COPY



LAND TITLE COMPANY OF AMERICA, INC.

SUITE 312 • 15 SPINNING WHEEL RD. • HINSDALE, IL 60521 • (312) 323-9870

100 WEST MONROE STREET • 4TH FLOOR • CHICAGO, IL 60603 • (312) 346-3336

11 CONTINENTAL TOWERS • 1701 GOLF RD. • SUITE 112 • ROLLING MEADOWS, IL 60008 • (312) 228-1602

DECEASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF Lake

} SS

RE: FILE NO. US-738256-C7

Emma Jean Harmon, being duly sworn and for the purpose of inducing Land Title Company of America, Inc. to delete all title exceptions caused by the death of Carl Edward Harmon, states:

- 1. That Affiant resides at 2004 Wesley Ave, Evanston, Ill.
- 2. That Affiant was acquainted with said decedent who died on Aug. 28, 1995 as evidenced by the certified copy of death certificate attached hereto;
- 3. That said decedent was one of the owners of land:
 - described in the subject file, or;
 - legally described as follows;

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1999-04-12 09:20:08
Cook County Recorder 47.00



99347324

- 4. That said decedent died:
 - leaving no Last Will and Testament;
 - leaving a Last Will and Testament, a copy of which is attached hereto;
- 5. That the total value of the estate of said decedent, including both real and personal property owned by said decedent either individually or in joint tenancy at the date of death, does not exceed \$ 125,000.00

Subscribed and sworn to before me

me by the said Emma Jean Harmon Affiant

this 31st day of March, 19 99

Emma Jean Harmon
(Affiant's Signature)

Shawna Rigby
Notary Public



LAND TITLE COMPANY OF AMERICA, INC.
TG-US-738256-C7

REGISTRATION DISTRICT NO. 1623
REGISTERED NUMBER 1022
STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER 99347324

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Type or Print by PERMANENT INK
See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Carl Harmon 2. Male 3. August 28 1995

COUNTY OF DEATH AGE-LAST BIRTHDAY (YR) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)

4. Cook 5a. 55 5b. 55 5c. 55 5d. August 30, 1939

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE O.D.A. (OPERATOR, RM, INPATIENT) (SPECIFY)

6a. Evanston 6b. Evanston Hospital 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)

7. Evanston, IL 8a. Married 8b. Emma Lowe 8c. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 342-30-7554 11a. Maintenance 11b. Recreation Ctr 12. 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY

13a. 2004 Wesley Ave. 13b. Evanston 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. Illinois 13f. 60201 14a. Black 14b. NO YES SPECIFY:

DECEASED

PARENTS

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST

15. William Logan 16. Effie Dunbar

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17a. Emma Harmon 17b. Wife 17c. 2004 Wesley Ave. Evanston, IL 60201

CAUSE

18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Immediate Cause (Final disease or condition resulting in death)

(a) metastatic colon cancer

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

(b) _____

(c) _____

PART II

Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)

19a. NO 19b. _____

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION

20a. _____ 20b. _____

CERTIFIER

1 (DID) (AND NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)

21a. 8/27/95

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH

21b. NO 21c. 9:15A. M.

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

DATE SIGNED (MONTH, DAY, YEAR)

22a. SIGNATURE *Paula A. Harmon MD* 22b. 08/27/95

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER

22c. Paula A Harmon MD 500 David Evanston, IL 22d. 036-079669

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

23. Jacquelyn David MD

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

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. Burial 24b. Sunset Memorial 24c. Northbrook, Illinois 24d. Sept. 1, 1995

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP

25a. House of Thompson 1917 Asbury Ave Evanston IL 60201

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. *[Signature]* 25c. 034-010181

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. *[Signature]* 26b. August 29, 1995

HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE AUGUST 29, 1995 SIGNED *[Signature]* LOCAL REGISTRAR

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. 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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

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Legal Description

US-738256-C7

Lot 5 in Block 2 in Grant and Jackson's Addition to Evanston, being a Subdivision of part of Section 13, Township 41 North, Range 13 and part of Section 18, Township 41 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Tax Index Number 10-13-204-015, Volume 053.



99347324

As of the date of this commitment, the Stinson transfer tax is \$200 per \$1,000.00 and is imposed on the seller.

LAND TITLE GROUP THROUGH

LAND TITLE GROUP, INC.

PROPERTY OF COOK COUNTY CLERK'S OFFICE