UNOFFICIAL COPING 53 470

2000-09-29 10:53:38

DECEASED JOINT TENANT AFFIDAVITOR County Recorder

47.50

ASED JOINT TENANT AFFIDAVIT

STATE OF ILLINOIS }	
SS. Order No	
COUNTY .	•
Teresa W. English being duly sworn	
states that resides at 4855 W. hamer in the City of Chicago, county of COOK	
who, at the cine of 345 98 death was one of the owners of COOK County, Illinois, legally described as:	ndeceased of the land in
P.I.N. 16-04-217-002	ار المراقب الم المراقب المراقب
common Address: 4855 W. Kamerling Ave Chicago	
That the deceased died $\frac{108}{1000}$, as evidencertified copy of the death certificate of the deceased attach	aced by a
That the deceased died:	,
	<i>y</i>
Leaving a Last Will & Testament, a copy of which is att The original of the unproven will should be rised with the Cle Probate Division of the Circuit Court of	ached hereto. erk of the County, Illinois.
Leaving a Last Will & Testament which was filed in the box of the Probate Division of the Circuit Court of County, Illinois about	Unproven will
That the total value of the estate of the deceased, incl and personal property owned by the deceased either individuall tenancy at the time of the death of the deceased, does not exp	v or in joint
Affiant makes this affidavit for that purpose of inducin to issue its Title Insurance Poli	g cv. describing
the above-mentioned.	CV
Jaese W. Fred MAIL TO 43:	Ronne A. English Lar 3 Greenfiziel Park, IL 60302
Subscribed and sworn to before me by the said	
TERESA W ENGLISH this 29 day of 9, A.D. 2000	
NOTARY PUBLIC	www.i

"OFFICIAL SEAL"
WANDA GEANES
Notary Public, State of Illinois
My Commission Expires June 1, 2002

UNOFFICIAL COPY/63470

Add to the area

All of LOT ONE HUNDRED SEVENTY TWO-----(172)
The West Quarter (%) of LOT ONE HUNDRED SEVENTY THREE-----(173)

In North 48th Avenue Addition, a Subdivision of part of the Northeast Quarter (4) of Section 4, Township 39 North, Range 13, East of the Third Principal Meridian.

16-04-217-002DA

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

AFFIXED. MULTICOLOR SIGNATURE SEAL IS THIS CERTIFICATE COPY VALID WHEN

BURIAL CREMATION, REMOVAL (SPECIFY)
24a. BUTIAL

CEMETERY OR CREMATORY-NAME

Parkholm

FUNERAL HOME

Wallace funeral Home されてなる

2020 W. Roosevelt Rd.

BSN

DATE FLED NOW PEOUST TO WOOD

STREET AND NUMBER OR R.F.D.

246 LOCATION

Lagrange, IL

CITY OR TOWN

STATE 60153

8-5-98

Broadview,

IL

FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

CITY OF TOWN

STATE

M

(MONTH, DAY, YEAR)

NOTE: IF AN BLUMY WAS DIVOLVED IN THIS DEATH THE CONONEN OR MEDICAL EXAMINER 221.36095335 ILLINOIS LICENSE NUMBER

LOCAL REGISTRAR'S SIGNATUR

255

22c. Dr. Viju John 1653 W. Congress

LINEAGOS ALL

Pkwy

Chg, Il

60612

NAME AND ADDRESS OF CERTIFIER

LINE DE SALLIN

ž

22a. SIGNATURE 🕨

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURR

(IDA) (DID NOT) ATTEND THE DECEASED

8 \$ \$

THE TIME, DATE AND P' AL < / NO DUE TO THE CAUSE(S) STATED

EXAMINE NOTIFIED?

MESNO

20c. YES | NO |

HOUR OF DEATH

21b.

e

DATE SIGNED

PAONTH, DAY, YEAR) 98

00

™		YMPASI	ions and a
	1	This is	
	ξį.	Ry Ran	

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

2 9 2000

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

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DATE GEOPERATION, IF ANY	FAIT II. Other significant conditions contrib	THE UNDERLYING	-~- -	—	18. PART I. Enter the shock, or immediate Cause (Final	Teresa	INFORMANT'S NAME (TYPE OR PRINT)		FATHER-NAME FIRST I	ZIPCC	4855 W. Kamerling	RESIDENCE (STREET AND NUMBER)	10250-28-8251	SOCIAL SECURITY NUMBER	7. Charlotte, NC	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	6a. Chicago	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER	4. Cook	COUNTY OF DEATH	Ler	DECEASED-NAME F	REGISTERED LA COLUMBER
MAJOR FINDINGS OF OPERATION	Other significant conditions contributing to destribut not resulting in the under	End st	(b) TYPE TO	(8) HE MOCK NO	Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respi story arrest shock, or heart failure. List only one cause on each line.	English)		MIDDLE 14a.	PACE	ling		11a Laborer	USUAL OCCUPATION	8a. Married	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (SPE			5a. 60	AGE-LAST	оу	FIRST MIDDLE	MEDICAL
ERATION	underfølg cause given in PART i	के के	tonsion	s hagis	at caused the death. Do not excause on each line.	17b. Wife	RELATIONSHIP	<u></u>	DIACK I	CAMERICAN	130.	CITY, TOWN, TWP, OR ROAD DISTRICT NO	11b. G	KIND OF BUSI	86	3.	Rush-Pres-St.	HOSPITAL OFF OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)	56.	LINDER 1	Engli	TAX1	L CERTIFICATE
C	× (201		CVA	nter the mode of dying, such a	17c. 4855	_4	ة Q	MOTHER-NAME FIRST	SPANIC ORIGIN	Chicago	ROAD DISTRICT NO.	General 12	KIND OF BUSINESS OR INDUSTRY	Teresa Murray	NAME OF SURVIVING SPOUCE (MAIDEN NAME, IF WIFE)	Luke's Medical	-NAME (IF NOT IN EITHER, GIVE	5c. 5d.	RIDAY	ish Male	SEX	CATE OF D
IF FEMALE, WAS T	AUTOPSY (YES/NO) NO 19a.	इ.स.	1		15 cardiac or respir vor, arres	W. Kamer in	MAILING ADDRESS (STREET AND NO. ORR.F.D., TYC. TOWN, STATE, ZIP)	iell Fr	S SPECIFY:	C#YNOORYES_#YES, SPECE	13c. Yes	CITY	2. 0	EDUCATION (SPECIFYONLY)	тау	MAR IF WIFE)	Cente		April 30.	DATE OF BIRTH (MONTH, DAY, Y	_	DATE OF DEATH	OF DEATH
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	WERE AUTOPRY FROMOB AVALABLE PRICE TO COMPLETION OF CAUSE OF DEATH (YES NO) 19b.				H. RETWEEN ONSET AND DEATH	g Avenue Orgo, II	YO. TOWN, STATE, ZIP)	olish	(MAIDEN) LAST	Y CUBAN, MEX CF LEVERTO RICAN, MC	13d. Cock	COUNTY	5	RGHEST GRADE COMPLETED	9. No	WAS DECEASED EVER IN U. :	ic Inpatient	FHOSP, OR BIST, BUDGATE DOA	1938	EAR)	866	PACHUH, DAY, YEAR)	612403

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NUMBER . STATE FILE

STATE OF ILLINOIS

DISTRICT NO. REGISTRATION