

DECEASED JOINT  
TENANCY AFFIDAVIT

7259/0076 33 001 Page 1 of 3  
2000-11-09 13:23:15  
Cook County Recorder 25.50



STATE OF ILLINOIS ]  
                                  ] ]  
COUNTY OF                    ] ]

John J. Seno being duly  
sworn states that He resides at 5701 N. Cicero  
Ave. Ste 310 in the City of Chicago

That He was acquainted Farmen M. Peters  
deceased who, at the time of her  
death, was one of the owners of the land in Cook  
County, Illinois, described as:

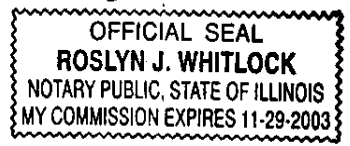
P.I.N. 10-36-119-003-1146

That the deceased died August 1, 2000  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said  
John J. Seno  
this 9 day of November, A.D. 19 2000

Roslyn J. Whitlock  
Notary Public

[Signature]  
(affiant signature)



# UNOFFICIAL COPY

00885204

Unit 1002 as shown and identified on the Survey of Block 3 of the College Green Subdivision, being a Subdivision of part of the West ½ of the Northwest ¼ of Section 36, Township 41 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois, which survey is attached as Exhibit "A" to the Declaration of Condominium Ownership by Winston Gardens, Incorporated, recorded in the Office of the Recorder of Deeds of Cook County, Illinois, as Document Number 19507767 together with an undivided .7207 percent interest in the property excepting therefrom all of units as the terms, property and units are defined and set forth in the said Declaration and Survey all in Cook County, Illinois.

Property of Cook County Clerk's Office

**UNOFFICIAL COPY**  
STATE OF ILLINOIS  
**MEDICAL CERTIFICATE OF DEATH**

00885204  
STATE FILE NUMBER

DECEDENT'S BIRTH NO. \_\_\_\_\_  
REGISTRATION DISTRICT NO. 16.23  
REGISTERED NUMBER 835

**DECEASED**

1. **Frances M. Peters** 2. **Female** 3. **August 1, 2000**  
 COUNTY OF DEATH **Cook** AGE—LAST BIRTHDAY (YRS) **67** UNDER 1 YEAR MOS. **0** UNDER 1 DAY HOURS **0** MIN. **0**  
 DATE OF BIRTH (MONTH, DAY, YEAR) **February 17, 1933**  
 CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **Evanston** HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Evanston Hospital / Hospice**  
 IF HOSP. OR INST.—INDICATE D.O.A. OP, EMER. RM, INPATIENT (SPECIFY) **6c.**

**CAUSE**

7. **Chicago, Il.** 8a. **Married** 8b. **Melvin Peters** 9. **NO**  
 SOCIAL SECURITY NUMBER **342-26-6934** 11a. **Teacher** 11b. **Chicago Public Schools** 12. **12** 13d. **Cook**  
 RESIDENCE (STREET AND NUMBER) **6933 N. Kedzie Ave.** CITY, TOWN, TWP, OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **Yes**  
 STATE **Illinois** ZIP CODE **60645** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **White** 14b.  **NO**  **YES** SPECIFY: \_\_\_\_\_  
 FATHER—NAME FIRST MIDDLE LAST **Sperio Mavrogen** MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST **Katherine Chirigos**  
 15. **Sperio Mavrogen** 16. **Katherine Chirigos**  
 INFORMANT'S NAME (TYPE OR PRINT) **Melvin J. Peters** RELATIONSHIP **Husband** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **6933 N. Kedzie Ave. Chicago, Il. 60645**  
 17a. **Melvin J. Peters** 17b. **Husband** 17c. **6933 N. Kedzie Ave. Chicago, Il. 60645**  
 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
 Immediate Cause (Final disease or condition resulting in death) **(a) pancreatic cancer** **4 hrs**  
 DUE TO, OR AS A CONSEQUENCE OF \_\_\_\_\_  
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **(b) \_\_\_\_\_**  
 DUE TO, OR AS A CONSEQUENCE OF \_\_\_\_\_  
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **(c) \_\_\_\_\_**  
 AUTOPSY (YES/NO) **19a. No** WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) **19b. \_\_\_\_\_**  
 DATE OF OPERATION, IF ANY \_\_\_\_\_ MAJOR FINDINGS OF OPERATION \_\_\_\_\_  
 20a. \_\_\_\_\_ 20b. \_\_\_\_\_  
 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? **20c. YES  NO**   
 I (DID/DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) **21a. 8-1-00** WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **21b. No** HOUR OF DEATH **21c. 5:45 p.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) **22b. Aug. 2, 2000**  
 22a. SIGNATURE **[Signature]** NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22c. RHONDA STEIN M.D. 500 Davis St. Evanston, Il. 60601** ILLINOIS LICENSE NUMBER **22d. 036 064526**  
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) \_\_\_\_\_ NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.  
 23. BURIAL, CREMATION, REMOVAL (SPECIFY) **24a. Burial** CEMETERY OR CREMATORY—NAME **24b. Memorial Park Cemetery** LOCATION CITY OR TOWN STATE **24c. Skokie, Illinois** DATE (MONTH, DAY, YEAR) **24d. Aug. 5, 2000**  
**DISPOSITION**  
 FUNERAL HOME NAME **25a. JOHN G. ADINAMIS FUNERAL DIRECTOR, LTD. 6150 N. Cicero Ave. Chicago, Illinois 60646** CITY OR TOWN STATE ZIP  
 FUNERAL DIRECTOR'S SIGNATURE **[Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **25c. 034-010450**  
 LOCAL REGISTRAR'S SIGNATURE **26a. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **26b. August 2, 2000**

I 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 2, 2000 SIGNED [Signature]  
 AT EVANSTON, Illinois OFFICIAL TITLE 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.