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2000-11-21 14:23:15
Cook County Recorder 23.50

DECEASED JOINT TENANCY AFFIDAVIT

Claire P. Roberts, being duly sworn states that she resides at 3694 Sunset Avenue, in the City of, Markham, State of Illinois. That she was acquainted with Raymond G. Roberts, Jr., deceased, who at the time of his death, was one of the owners of the land in, Cook County, Illinois, and legally described as follows:

LOT 16 (EXCEPT THE NORTH 86 FEET THEREOF) IN BLOCK 1 IN ARTHUR T. MC INTOSH AND COMPANY'S SOUTHTOWN MANOR, BEING A SUBDIVISION IN THE NORTH WEST FRACTIONL QUARTER, SOUTH OF THE INDIAN BOUNDARY LINE, OF SECTION 23, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Tax Identification Number: 28-23-115-018-0000
Commonly known as: 3694 Sunset Avenue, Markham, Illinois 60426

That the deceased died February 5, 2000, as evidenced by a certified copy of death certificate of the deceased attached hereto.

_____ 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 _____ County, Illinois. on or about _____.

__X__ Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois on or about March 1, 2000.

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 $160,000.00.

Affiant makes this affidavit for that purpose of removing the deceased's name as owner of record from the above described property.

Claire P. Roberts (Seal)
Claire P. Roberts

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

Subscribed and Sworn to before me by the said

CLAIRE P. ROBERTS this 11th day of March, 2000.

Michael W. Jordan
Notary Public

OFFICIAL SEAL
MICHAEL W JORDAN
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 11/27/03

Property of Cook County Clerk's Office

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

DATE February 9, 2000 SIGNED Carol R. Compton Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health
1010 Lake Street
Oak Park, IL 60301

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STATE OF ILLINOIS

STATE FILE NUMBER

REGISTRATION DISTRICT NO. 160

REGISTERED NUMBER/

MEDICAL EXAMINER'S – CORONER'S CERTIFICATE OF DEATH

1. DECEASED–NAME: FIRST RAYMOND MIDDLE G. LAST ROBERTS Jr.
2. SEX: MALE
3. DATE OF DEATH (MONTH, DAY, YEAR): FEB 05, 2000
4. COUNTY OF DEATH: COOK
5a. AGE–LAST BIRTHDAY (YRS): 85
5b. UNDER 1 YEAR MOS. DAYS
5c. UNDER 1 DAY HOURS MIN.
5d. DATE OF BIRTH (MONTH, DAY, YEAR): June 29, 1914
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: Hazel Crest
6b. HOSPITAL OR OTHER INSTITUTION–NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): SOUTH SUBURBAN HOSPITAL
6c. IF HOSP. OR INST. INDICATE D.O.A., OP/EMER. RM, INPATIENT (SPECIFY): EM. RM
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): Duluth, MN.
8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): Claire Preston
9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): No
10. SOCIAL SECURITY NUMBER: 338-03-1065
11a. USUAL OCCUPATION: Supervisor
11b. KIND OF BUSINESS OR INDUSTRY: Manufacturing
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): Elementary/Secondary (0-12): 12 College (1-4 or 5+)
13a. RESIDENCE (STREET AND NUMBER): ~~940 MARLE~~ 3694 W. Sunset
13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO.: ~~HOMEWOOD~~ Markham
13c. INSIDE CITY (YES/NO): YES
13d. COUNTY: COOK
13e. STATE: ILLINOIS
13f. ZIP CODE: 60426
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): WHITE
14b. IS HISPANIC ORIGIN? (SPECIFY NO OR YES–IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) ☒ NO ☐ YES SPECIFY:
15. FATHER–NAME FIRST MIDDLE LAST: Raymond G. Roberts Sr.
16. MOTHER–NAME FIRST MIDDLE (MAIDEN) LAST: Elsie Balding
17a. INFORMANT'S NAME (TYPE OR PRINT): Claire Roberts
17b. RELATIONSHIP: Wife
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 3694 W. Sunset Markham, IL.

18. PART I. Enter the diseases, injuries, 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) PULMONARY THROMBOEMBOLISM

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

DUE TO, OR AS A CONSEQUENCE OF (b) FRACTURE TIBIA AND FIBULA

DUE TO, OR AS A CONSEQUENCE OF (c) FALL

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

19a. AUTOPSY (YES/NO): YES
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO): YES
20a. NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): ACCIDENT
20b. DATE OF INJURY (MONTH, DAY, YEAR): JAN 2000
20c. HOUR: M.
20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): FALL
20e. INJURY AT WORK (YES/NO): NO
20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): AT HOME
20g. LOCATION (CITY, VIL. OR TOWN; OR TWP.; OR RD. DIST. NO., COUNTY, STATE): HOMEWOOD COOK CO ILLINOIS
20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES ☐ NO ☐

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT .....
21b. THE DECEDENT WAS PRONOUNCED DEAD ON MONTH DAY YEAR: FEB 05, 2000
21c. AT: 3:27 P. M.
22a. CORONER'S–MEDICAL EXAMINER'S SIGNATURE: C.R. Donoghue, M.D. Thamrong Chira MD
22b. DATE SIGNED (MONTH, DAY, YEAR): FEB 06, 2000
23a. CORONER'S PHYSICIAN'S NAME (Type or Print): THAMRONG CHIRA, M.D.
23b. DATE SIGNED (MONTH, DAY, YEAR):
24a. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
24b. CEMETERY OR CREMATORY–NAME: Cedar Park
24c. LOCATION CITY OR TOWN STATE: Chicago, Illinois
24d. DATE (MONTH, DAY, YEAR): Feb. 10, 2000
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP: HICKEY MEMORIAL CHAPEL 4201 W. 147th St. Midlothian, IL. 60445
25b. FUNERAL DIRECTOR'S SIGNATURE: Edward J. Hickey EDWARD J. HICKEY
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 034-012293
26a. LOCAL REGISTRAR'S SIGNATURE: KAREN L. SCOLT, M.D. REGISTRAR Carol R. Compton
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): February 9, 2000

VR202 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

Property of Cook County Clerk's Office