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05/06/01 49 001 Page 1 of 2
2001-01-17 11:56:33
Cook County Recorder 23.50

DECEASED AFFIDAVIT OF SURVIVING JOINT TENANT

STATE OF ILLINOIS }
COUNTY OF COOK }



Deceased joint tenant: Jerome T. Murphy
Relationship to affiant: Husband

The affiant, **Mary Jane Murphy**, being duly sworn states that:

1. She resides at 11333 S. Bell Ave., in the City of Chicago, Illinois 60643.
2. She was acquainted with **Jerome T. Murphy**, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

Lot 12 except the North 70 feet and except the South 10 feet in Block G in Morgan Park Washington Heights in Section 19, Township 37 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

PIN: 25-19-111-009-0000

Street Address: 11333 S. Bell Ave., Chicago, IL 60643

3. The deceased died February 22, 2000 as evidenced by a certified copy of a death certificate of the deceased attached hereto.
4. The deceased died 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 about September 13, 2000.
5. The estate of the deceased was not subject to any inheritance estate, or other "death" taxes.

Mary Jane Murphy
Mary Jane Murphy

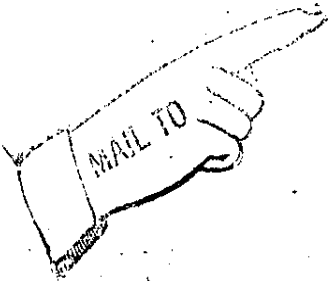
Subscribed and sworn to before me this January 8, 2001.

Julie L. Stull
Notary Public



Prepared by John E. Ahern, attorney at law

Return this Affidavit to: Name: John E. Ahern, Attorney
Address: 10829 S. Western Ave.
City, State, Zip: Chicago, IL 60643-3225



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SEARCHED
SERIALIZED
FILED
JUN 10 2008
CHICAGO, ILL.

REGISTRAR'S DISTRICT NO. **1610**
 REGISTERED NUMBER

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
603327

UNOFFICIAL COPY
 CITY OF CHICAGO
 DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

FEB 25 2000

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

Alleida Lopez Ram
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME Jerome I. Murphy		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. February 22, 2000
CITY OF DEATH Chicago		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. Oct 22 1916	IF HOSP OR INST. INDICATE D.O.A. OR PREMER, RM, INPATIENT (SPECIFY) 6c.
AGE LAST BIRTHDAY (YRS) 5a. 83	UNDERLYING YEAR 1. 1916	UNDERLYING DAY 2. 22	UNDERLYING HOUR 3. 4:05 P.M.
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6a. Chicago 11333 S. Bell		WAS DECREASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. No	
MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 7. Chicago, IL. Married		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 8. College (1-12)	
SOCIAL SECURITY NUMBER 10. 347-22-7817		INSIDE CITY (YES/NO) 13c. Yes	
RESIDENCE (STREET AND NUMBER) 13a. 11333 S. Bell		COUNTY 13d. Cook	
RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. White		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. NO	
FATHER-NAME (FIRST, MIDDLE, LAST) 15. John Murphy		MOTHER-NAME (FIRST, MIDDLE, LAST) 16. Jennie Sheehan	
INFORMANT'S NAME (TYPE OR PRINT) 17a. Mary Jane Murphy		RELATIONSHIP 17b. Wife	
MIDDLE 13f. 60643		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN STATE ZIP) 17c. 11333 S. Bell Chicago, IL. 60643	
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.			
(a) Immediate Cause (Final disease or condition resulting in death) (a) Acute bilateral pneumonia			
(b) CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Mitesteria Carcinoma (Primary Prostate)			
(c) DUE TO, OR AS A CONSEQUENCE OF (c) 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.			
DATE OF OPERATION, IF ANY 20a. 2-19-00		MAJOR FINDINGS OF OPERATION 20b. Epigastric Atelectasis, Deform	
(DID) (SHE) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 21a. 2-19-00		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE: William J. Ruff, M.D. 4340 W 95th St, Oak Lawn, IL. 60453			
NAME AND ADDRESS OF CERTIFIER 22a. William J. Ruff, M.D. 4340 W 95th St, Oak Lawn, IL. 60453		HOUR OF DEATH 21c. 4:05 P.M.	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 22c. William J. Ruff, M.D. 4340 W 95th St, Oak Lawn, IL. 60453		DATE SIGNED (MONTH, DAY, YEAR) 22b. 2/23/00	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		ILLINOIS LICENSE NUMBER 22d. 036-039753	
CEMETERY OR CREMATORY-NAME 24b. Holy Sepulchre		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
LOCATION 24c. Alsip IL.		DATE (MONTH, DAY, YEAR) 24d. 2-26-00	
STREET AND NUMBER OR R.F.D. 25a. F. Curley Sons, Inc 10727 S. Pulaski Rd Chicago, IL. 60655		FUNDING DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-009949	
LOCAL REGISTRAR'S SIGNATURE 26a. Alleida Lopez Ram		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. FEB 25 2000	

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