

DECEASED JOINT TENANCY AFFIDAVIT

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2001-02-05 10:35:36  
Cook County Recorder 23.50



0010096247

STATE OF ILLINOIS )  
COUNTY OF )



Charles G. Scaife

being duly

sworn states that I resides at 6558 S. Bell Ave.  
in the City of Chicago

That I was acquainted Richard Scaife  
deceased who, at the time of His  
death, was one of the owners of the land in Cook

County, Illinois, described as:

follows, to wit:

PARA 20-17-403-037

LOT 21 & THE N 1/2 LOT 22 IN J. U. BORDENS SUB OF BLK 2 OF THOMPSON & HOLME'S SUB OF THE E 45 ACRES OF THE N 60 OF THE SE 1/4 SEC 17-38-14 EAST OF THE 3RD P. M. IN COOK COUNTY, ILL.

P.I.N. 20-17-403-037

That the deceased died Feb, 10, 85  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

WITNESSETH

I, Subscribed and sworn to before me by the said

Charles G Scaife

this 5 day of Feb, A.D. 19 2001

Gary DeGraff  
Notary Public

Charles G. Scaife  
(affiant signature)



I, DAVID ORR, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr  
COUNTY CLERK

BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.10</b>	STATE OF ILLINOIS	STATE FILE NUMBER
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>	
DECEASED - NAME		<b>603438</b>	
1. <b>Richard</b>	FIRST	<b>Scrafe</b>	MIDDLE
2. <b>male</b>	SEX	3. <b>February 10, 1985</b>	
4. <b>BLACK</b>		ORIGIN OR DESCENT	5. <b>61</b>
6. <b>Chicago</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	7. <b>Cook</b>
8. <b>Alabama</b>		STATE OF BIRTH (IF NOT U.S.A.)	9. <b>USA</b>
10. <b>361-12-2564</b>		SOCIAL SECURITY NUMBER	11. <b>Compounder</b>
12. <b>8143 South Peoria</b>		RESIDENCE STREET AND NUMBER	13. <b>Oil</b>
14. <b>Chicago</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO.	15. <b>Illinois</b>
16. <b>William Scrafe</b>		FATHER - NAME	17. <b>Lacy Parker</b>
18. <b>Sandra Richardson</b>		INFORMANT NAME (TYPE OR PRINT)	19. <b>5841 Maryland Chicago, Ill 60637</b>
18. <b>Death was caused by:</b>		PART I. IMMEDIATE CAUSE	
18a. <b>Hypoxia</b>		18b. <b>Pulmonary Embolism</b>	
18c. <b>Hemorrhage 2° Gastric Ulcer</b>		PART II. OTHER SIGNIFICANT CONDITIONS	
20a. <b>2/10/85</b>		20b. <b>7:35 A.M.</b>	
21a. <b>Raymond J. Hohlms</b>		21b. <b>2/13/85</b>	
22a. <b>5841 Maryland Chicago, Illinois 60637</b>		22b. <b>T-016664</b>	
23a. <b>BURIAL</b>		23b. <b>WILSONSON</b>	
24a. <b>Funeral Home</b>		24b. <b>Funeral Director's Signature</b>	
25a. <b>Funeral Director's Signature</b>		25b. <b>Funeral Director's Illinois License Number</b>	
26a. <b>Local Registrar's Signature</b>		26b. <b>DATE REC'D. BY LOCAL REGISTRAR</b>	

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CERTIFIER

DISPOSITION