

DECEASED JOINT  
TENANCY AFFIDAVIT



0010096248



STATE OF ILLINOIS ]  
                                  ] ]  
COUNTY OF ]

Charles G. Scarfe

being duly

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

That I was acquainted William Scarfe  
deceased who, at the time of HIS  
death, was one of the owners of the land in Cook

County, Illinois, described as:

described real estate, situated in the County of Cook

follows, to wit: Part 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 12/9/92  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

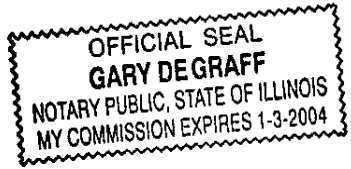
WITCO:  
Subscribed and sworn to before me by the said

Charles G Scarfe

this 5 day of Feb, A.D. 2001

[Signature]  
Notary Public

Charles G. Scarfe  
(affiant signature)



DISTRICT NO. 16.10  
 REGISTER NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 622431

STATE OF ILLINOIS  
 COUNTY OF COOK  
 CITY OF CHICAGO

**JUL 15 1993**

I, VIRGINIA L. PARKER, M.D., 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 PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

1. DECEASED-NAME <b>WILLIAM SCAIFE</b>		LAST		SEX <b>MALE</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3 DECEMBER 9, 1992</b>
2. COUNTY OF DEATH <b>COOK</b>		AGE-LAST BIRTHDAY (MONTH, DAY, YEAR) <b>73</b>		DATE OF BIRTH (MONTH, DAY, YEAR) <b>54 SEPTEMBER 9, 1919</b>	
3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>CHICAGO</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN HENNA, GIVE STREET AND NUMBER) <b>ST. BERNARD HOSPITAL</b>		IF HOSP. OR INST. INDICATE D.O.A. OR MEMBER, FULL INPATIENT (SPECIFY) <b>D.O.A.</b>	
4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>AUBURN AL</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>DIVORCED</b>		WAS DECEASED EVER IN US ARMED FORCES? (YES/NO) <b>NO</b>	
5. SOCIAL SECURITY NUMBER <b>424-03-4638</b>		USUAL OCCUPATION <b>LABORER</b>		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) <b>12</b>	
6. RESIDENCE (STREET AND NUMBER) <b>5940 S. MORGAN</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>CHICAGO</b>		COUNTY <b>COOK</b>	
7. RACE (WHITE, BLACK, AMERICAN INDIAN OR ALASKA NATIVE) <b>BLACK</b>		INSIDE CITY (YES/NO) <b>YES</b>		13c. <b>COOK</b>	
8. FATHER-NAME FIRST, MIDDLE, LAST <b>WILLIAM SCAIFE</b>		14b. <b>FRN</b>		14c. <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. MOTHER-NAME FIRST, MIDDLE, LAST <b>LACY</b>		15. RELATIONSHIP <b>SON</b>		16. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>664 SPRING ST. AUBURN, AL 36830</b>	
10. DECEASED'S NAME (TYPE OR PRINT) <b>GEORGE SCAIFE</b>		17. SON		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. <b>(a) Congestive Heart Failure (b) HYPERTENSION (c)</b>	
11. DATE OF OPERATION, IF ANY <b>HYPOTHYROIDISM</b>		19a. AUTOPSY (YES/NO) <b>NO</b>		19b. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>NO</b>	
12. (a) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>NOVEMBER 30 1992</b>		20b. MAJOR FINDINGS OF OPERATION <b>HYPOTHYROIDISM</b>		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
13. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND DUE TO THE CAUSE(S) STATED. <b>NOVEMBER 30 1992</b>		21a. SIGNATURE OF CERTIFIER <b>Dr. Sheldon J. Slaski</b>		21b. HOUR OF DEATH <b>12:15 A.M.</b>	
14. NAME AND ADDRESS OF CERTIFIER <b>Dr. Sheldon J. Slaski, 3830 W. 95th St. Evergreen Park, IL</b>		22. DATE SIGNED <b>DECEMBER 10, 1992</b>		22b. ILLINOIS LICENSE NUMBER <b>36-34779</b>	
15. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>Dr. Sheldon J. Slaski</b>		23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>BURIAL</b>		23a. CEMETERY OR CREMATORY-NAME <b>WILSON GLENWOOD</b>	
16. FUNERAL HOME <b>Taylor Funeral Home Ltd.</b>		24. LOCATION <b>AGLEWOOD</b>		24c. STATE <b>ILLINOIS</b>	
17. FUNERAL DIRECTOR'S SIGNATURE <b>Virginia L. Parker</b>		25. STREET AND NUMBER OR R.F.D. <b>63 E. 79th St. Chicago</b>		25a. CITY OR TOWN <b>Chicago</b>	
18. LOCAL REGIS. TRAR'S SIGNATURE <b>Virginia L. Parker</b>		26. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-01950</b>		26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>DEC 11 1992</b>	

UNOFFICIAL COPY 96248