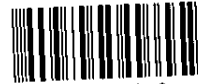


DECEASED JOINT TENANCY AFFIDAVIT

8993/0020 16 001 Page 1 of 2
2001-02-05 10:36:28
Cook County Recorder 23.50



0010096249



STATE OF ILLINOIS)
COUNTY OF)

Charles G. Scarpa

being duly

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

That I was acquainted Robert A. Scarfo
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: AMA 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

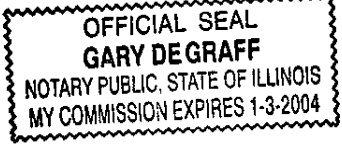
That the deceased died 1/4/001
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

^{W266 6}
^{EL} Subscribed and sworn to before me by the said
Charles G. Scarpa

this 5 day of Feb, A.D. ~~49~~ 2001

Gary DeGraff
Notary Public

Charles G. Scarpa
(affiant signature)



REGISTRATION DISTRICT NO. 16.10

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE FILE NUMBER 600421

REGISTERED NUMBER

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

SOCIAL SECURITY NUMBER

RESIDENCE (STREET AND NUMBER)

FATHER-NAME FIRST MIDDLE LAST

INFORMANT NAME (SEE PART I) RELATIONSHIP

WANDA SCOTT DETAILS

18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory, or a rest.

Immediate Cause (Final disease or condition resulting in death)

CAUSE (a) Myocardial Infarction

CONTRIBUTIONS, IF ANY (b) Coronary artery disease

IMMEDIATE CAUSE (c) HTN

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

20. MAJOR FINDINGS OF OPERATION

21. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

22. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)

24. BURIAL, CREMATION, REMOVAL (SPECIFY)

25. FUNERAL HOME

26. LOCAL REGISTRAR'S SIGNATURE

27. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

JAN 11 2001

I, JOHN L. WILHELM, 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 ORDINANCE OF SAID LAWS AND ORDINANCES.

John L. Wilhelm, M.D.

THIS CERTIFICATE COPY VALID WHEN EMBOSSED SEAL IS AFFIXED OVER REGISTRAR'S SIGNATURE.

UNOFFICIAL COPY

Property of Cook County Clerk's Office

