

DECEASED JOINT TENANCY AFFIDAVIT

9587/0039 11 001 Page 1 of 3
2001-03-06 11:51:23
Cook County Recorder 25.50



STATE OF ILLINOIS]
]]
COUNTY OF]

CHARLOTTE M. THOMPSON being duly sworn states that I resides at 2633 N. CENTRAL PARK in the City of CHICAGO

That I was acquainted LEROY A. THOMPSON deceased who, at the time of HIS death, was one of the owners of the land in COOK County, Illinois, described as:



CHARLOTTE M. THOMPSON
2633 N. CENTRAL PARK
CHICAGO, ILL 60647

P.I.N. 13-26-409-009-0000

That the deceased died JULY 6, 1998 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said (Wife) Charlotte M. Thompson this 6th day of March, A.D. 19 2001

Carmen Gonzalez
Notary Public

Charlotte M. Thompson
(affiant signature)



214-

1326409009	7101	3420	326
AREA	INLOCK	PARCEL	ITEM
	CODE		

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME 355

AREA SUB-AREA BLOCK PARCEL TAX CODE
 13-26-409-9 7101
 KIMBELLS SUB 26 40 13
 M N KIMBELLS SUB WA 7 & (35336)

1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0
INLOCK	PARCEL	CODE	WARRANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX												
00000	0	000	0000	0000	0000	0000	0000												
44714	4854	51	5053	54	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70
11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22	22
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
44	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11

199223345
 County Clerk's Office

REGISTRATION DISTRICT NO. **10.18**
 REGISTERED NUMBER

STATE OF ILLINOIS
UNOFFICIAL COPY
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER
010936

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

JUL 09

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
 1. LEROY A. THOMPSON 2. MALE 3. JULY 6, 1998

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
 4. COOK 5a. 81 5b. 5c. 5d. OCTOBER 25, 1916

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
 6a. CHICAGO 6b. ILLINOIS MASONIC 6c. D.O.A.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
 7. CHICAGO, IL. 8a. MARRIED 8b. CHARLOTTE PAULSEN 9. YES

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
 10. 351-09-8320 11a. SALESMAN 11b. AUTO PARTS 12. 12 YRS.

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP, OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
 13a. 2633 N. CENTRAL PARK 13b. CHICAGO 13c. YES 13d. COOK

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
 13a. ILLINOIS 13f. 60647 14a. WHITE 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
 15. AUGUST THOMPSON 16. ETHEL HALVERSON

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
 17a. CHARLOTTE THOMPSON 17b. WIFE 17c. 2633 N. CENTRAL PK. CHGO., IL. 60647

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.
 Immediate Cause (Final disease or condition resulting in death) (a) Carcinoma of Liver
 DUE TO, OR AS A CONSEQUENCE OF
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
 (b) DUE TO, OR AS A CONSEQUENCE OF
 (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
 19a. No 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
 20a. 20b. 20c. YES NO

IF (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON
 21a. 21b. YES 21c. 6:00 P. M.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 22a. SIGNATURE *John Shaw* 22b. July 7, 1998

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ILLINOIS LICENSE NUMBER
 22c. Dr. John Shaw 676 N. St. Clair Chicago, IL 60611 22d. #36-42608

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
 24a. BURIAL 24b. CHAPEL HILL WEST 24c. OAKBROOK TERRACE, IL. 24d. JULY 10, 1998

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25a. Casey-Laskowski & Sons 4540 W. Diversey Ave. Chicago, IL 60639

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. *Brian J. Korkin* 25c. 034-015255

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
 26a. *Sheila Lynn* 26b. JUL 09 1998

SHEILA LYNN REGISTRAR
 THE CITY OF CHICAGO
 CERTIFY THAT THE RECORD AND DEATHS BY VIRTUE OF THE CITY OF ILLINOIS, THE CITY OF CHICAGO ACCOMPANYING SHEET IS A TRUE COPY KEPT BY ME AS REQUIRED BY LAWS AND ORDINANCES

THIS CERTIFICATE IS MULTICOLORED AND MUST BE AFFIXED.