

UNOFFICIAL COPY

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DECEASED JOINT TENANCY AFFIDAVIT

11/03/0015 96 001 Page 1 of 3
2001-03-27 10:08:24
Cook County Recorder 25.50



STATE OF ILLINOIS]
COUNTY OF]

Ethel Mae Hawkins

being duly

sworn states that he resides at 1650 West 69th St
in the City of CGO

That he was acquainted Emmett Hawkins Jr.
deceased who, at the time of his
death, was one of the owners of the land in
Cook County, Illinois, described as:

P.I.N. 20-19-414-39-2019-414-38

That the deceased died 10-9-98
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

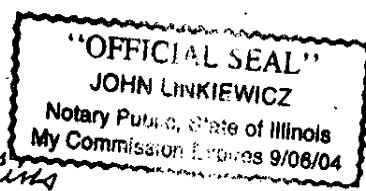
Subscribed and sworn to before me by the said

Ethel Mae Hawkins

this 27th day of March, A.D. 19 2001

[Signature]
Notary Public

[Signature]
(affiant signature)



Ethel Mae Hawkins
1650 West 69th St
CGO, Ill 60636



DECEASED-NAME **EMMETT** FIRST **SPARKINS** MIDDLE **JR** LAST **JR** SEX **M** DATE OF DEATH (MONTH, DAY, YEAR) **MAR 3 1958**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **COOK** COUNTY OF DEATH **COOK** AGE - LAST BIRTHDAY (YRS) **52** UNDER 1 YEAR **0** MONTHS **0** DAYS **0** HOURS **0** MIN **0** SEC **0** DATE OF BIRTH (MONTH, DAY, YEAR) **MAR 5 20 1926**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **ST. BERNARD** IF HOSP OR INST INDICATE DOA OPERMER, RPL, REPARIENT (SPECIFY) **DOA**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7 NATHAN 115** MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) **8A BARRIED** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **ETHEL STEWART** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9 YES**

SOCIAL SECURITY NUMBER **426-32-2995** USUAL OCCUPATION **11A LABORER** KIND OF BUSINESS OR INDUSTRY **11B General** EDUCATIONAL (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12 HS** COUNTY **13D COOK**

RESIDENCE (STREET AND NUMBER) **1300 W. 69th STREET** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO** INSIDE CITY (YES/NO) **13C YES** COUNTY **13D COOK**

FATHER-NAME FIRST MIDDLE LAST **EMMETT SPARKINS JR** MOTHER-NAME FIRST MIDDLE LAST **MARCELLA LYNNE**

INFANT'S NAME (TYPE OR PRINT) **ETHEL SPARKINS** RELATIONSHIP **17A WIFE** MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE ZIP) **17C 17650 N 69th St. Chicago, IL 60636**

18. PART I: Immediate Cause (Final result in death) **18A Cause of death** Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. **18B** Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. **18C** Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

CONDITIONS, IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE (A) **19A** **Penetration of Gall Bladder** (B) **19B** **Mink's** (C) **19C** **Due to OR as a consequence of**

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 **20A** **NOT ATTEND THE DECEASED** (MONTH, DAY, YEAR) **20B** **NO**

21. **21A** **COOK** (CITY OR TOWN) **21B** **CHICAGO** (CITY OR TOWN) **21C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **21D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

22. **22A** **COOK** (CITY OR TOWN) **22B** **CHICAGO** (CITY OR TOWN) **22C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **22D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

23. **23A** **COOK** (CITY OR TOWN) **23B** **CHICAGO** (CITY OR TOWN) **23C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **23D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

24. **24A** **COOK** (CITY OR TOWN) **24B** **CHICAGO** (CITY OR TOWN) **24C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **24D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

25. **25A** **COOK** (CITY OR TOWN) **25B** **CHICAGO** (CITY OR TOWN) **25C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **25D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

26. **26A** **COOK** (CITY OR TOWN) **26B** **CHICAGO** (CITY OR TOWN) **26C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **26D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

27. **27A** **COOK** (CITY OR TOWN) **27B** **CHICAGO** (CITY OR TOWN) **27C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **27D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

28. **28A** **COOK** (CITY OR TOWN) **28B** **CHICAGO** (CITY OR TOWN) **28C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **28D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

29. **29A** **COOK** (CITY OR TOWN) **29B** **CHICAGO** (CITY OR TOWN) **29C** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO) **29D** **NO** (IF CORNER OR MEDICAL EXAMINER NOTIFIED YES/NO)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

OCT 15 1998

ANGELA LYNE, 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 OBLIVANCE OF SAID LAWS AND ORDINANCES.

ANGELA LYNE
LOCAL REGISTRAR

THIS CERTIFIED COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

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