UNOFFICIAL COBOS 49 '001 Page 1

2001-04-13 15:19:10

Cook County Recorder

47.50

(3)

DECEASED JOINT TENANCY AFFIDAVIT

Address: 2623 West Rascher, Chicago, IL 60625

0010303384

State of Illinois County of Cook) ss)			0010303384
HAN SOK				worn states
that she	resides at	2623 West RAscher	in the City of C	hicago
Illinois	-90		. vol. lim	,deceased, who, at
The the time of his her de	it the undersign d ath, was one of the	was aquainted with <u>Senc</u> wners of the real estate as	addressed above.	
The deceased died of deceased attached h	100111	5, 1998	as evidenced by a certified	copy of death cartificate of the
That the deceased d	ied:	94		
	ist Will and Testan	nent.		
	e Division of the C	real coarson	oven Will For of the Probate Divisi \$7007/90/90 \$10NITTI 3	IN OFFICIAL SINDS AND A SHERE SALE OF THE CARE OF THE
Mail to Associate 1305 Mai Stevens	d Bank n St. P.O		Notary Signature O'Co Servi	nnor Title ces, Inc.
· -		Carrella	Or Many	

	NUMBER DECEASED-NAME	FIRST	MIDOLE	LAST	SEX	0/	TE OF DEATH	(MONTH, DAY, YE	
e or Print in MANENT INK			Yok	Lim	2.M		Febru		998
neral Directors, al, or Physicians	1. Seng		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATEOFBIRTH	_		
ndbook for TRUCTIONS	4. Cook		5a. 63	5b.	5c. N-NAME (IF NOT IN EITHER	5d.Janua	NUMBERI	1935 IF HOSP, OR INST, I	NDICATE D.O.A.
	cny, town, twp, OR ROAD		II		ommunity	•		IF HOSP, OR INST, I OP/EMER, RM, IMPA 6c. EMET	
• • • • • • • • • • • • • • • • • • • •	BIRTHPLACE (CITY AND STATE FOREIGN COUNTRY)	OR MARRIED	, NEVER MARRIED, D, DIVORCED (SPECIFY)	NAME OF SU	RVIVING SPOUSE (MA	IDEN NAME, IF WIFE	5	ARMED	CEASED EVER IN U.S. FORCES? (YESNO)
CEASED	7. Cambodia SOCIAL SECURITY NUMBER	8a. Ma	rried	8b. Hall	N SOK	EDUCATION	(SPECIFY ONLY	9. N	MPLETED)
	10.358-70-369		sembly	1Qutdo	oor Grill			College (1-4 or 5	*1
	RESIDENCE (STREET AND NU		CITY	, TOWN, TWP, C	OR ROAD DISTRICT N	(YES		COUNTY	
	13a2623 W. Ra	scher	13b	.Chicago	OFHISPANIC ORIGIN?	13c	Yes	13d.COOK	PUERTORICAN (C.)
	STATE	ZIP CODE	INDIAN, ME.) (SPECIFY)				CIFY:		_
••	13eTllicis FATHER-NAME FIRST	1360625 MIDDLE	14a Asian LAST		1 101 111		IDOLE	(MAIDE	N) LAST
RENTS	15. Ghary		Lim		16. N / A	<u> </u>			
	INFORMANT'S NAME / PE	APRINT)		RELATIONSHIP		•		TYOR TOWN, STATE	
	17aHan Sok		r complications that caused	17Wife		W Ras		Chicago	OXMATE INTERVAL IN ORISET AND DEATH
		shock, or heart failu	re. List only one cause on	each line.	0.110. 110. 110. 110. 110. 110. 110. 11				
	Immediate Cause (Final disease or condition	\rightarrow (a) C \in r \in	bral Vasc	ular Ac	cedent			Min	utes
	resulting in death)	DUETO, OH	A CONSEQUENCE OF						
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b)	S A COMSEQUENCE OF						
AUSE	IMMEDIATE CAUSE (a) STATING THE UNDERLYIN		0						
	PART II. Other significant condi		but not resulting in the un shang	cause given in PART	l.		AUTOPSY (YES/NO) NO	WERE AUTOPSY FIND COMPLETION OF CAU	NOS AVAILABLE PRIOR TO SE OF DEATH? (YES NO)
		- Turner	INDINGS OF OPERATION	\bigcirc —			IFFEMAL	E, WAS THERE A PRE	GNANCY IN PAST
*** ***********	DATE OF OPERATION, IF AN	20b.	INDINGS OF OF ELECTION	- 0			THREE N	YES NO	-
	20a. I (DID) (DID NOT) ATTEND TH	E DECEASED ((ONTH, DAY, YEAR)	9	WAS C	ORONER OR ME NER NOTIFIED?	DICAL HOU	12:20	
	AND LAST SAW HIMHER ALI	سقو	eb 4, 199	8	21b.	res	21c.		ONTH, DAY, YEAR)
	21 <u>a</u>	EDGE DEATHOCO	CURRED AT THE TIME, DA	TOTALE	NUMBERO MECAUS	L(3) SINIEU.	22b.	2/1./98	
	TO THE BEST OF MY KNOW!	\$ 10.	Meu				ILLIN	OIS LICENSE NUM	IBEA
TIFIER	TO THE BEST OF MY KNOW! 22a. SIGNATURE ▶	Hei	EORPRINT)		10/6/		1,	- 6 / -	17/1/
नगहाहम	TO THE BEST OF MY KNOWN 22a. SIGNATURE ▶ NAME AND ADDRESS OF CE	Afer Montro	ECRPRINTI Se Chica	75 	7. 606.8		22d.	036-06	7616
TIFIER	22a. SIGNATURE NAME AND ADDRESS OF CE	Moutic. SICIANIFOTHER TH	SC Chica ANCERTIFIER (TYP	ed Ill	606.8	7	22d.	O 36-06 IF AN INJURY WAS IN HITHE CORONER OR	NOLVEDIN THIS
TIFIER	TO THE BEST OF MY KNOWN 22a. SIGNATURE ▶ NAME AND ADDRESS OF CE 22c. 2 4 7 7 W NAME OF ATTENDING PHYS 23. HEN/A	Her ERTIFIER (TYPE MOUTICE, SICIANIFOTHER THE CY CHEA	ECAPRINT) SC Chica ANCERTIFIER (TYP) MD	EOR PRINT)			22d. NOTE DEATH MUST	O 36-06 IF AN INJURY WAS IN IT THE CORONER OR I BE NOTIFIED.	NOLVED IN THIS MEDICAL EXAMINER
rifien	TO THE BEST OF MY KNOW! 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2 4 7 7 W. NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION, REMOVAL (SPECIF)	MOUTO. SICIANIFOTHER TH LY CHEN ICEMETERY OF	ECAPRINT) SC CLICA ANCERTIFIER (TYP MD ICREMATORY-NAME	EORIPRINT)		arown s Illin	22d. NOTE DEATH MUST	O 36-06 IF AN INJURY WAS IN ITHE CORONER OR IT	NOLVEDIN THIS MEDICAL EXAMINER ONTH, DAY, YEAR) 10,1998
	TO THE BEST OF MY KNOW! 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2 4 7 7 W. NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION, REMOVAL (SPECIFY) 24a Burial FUNERAL HOME	MOUTICE, SICIANIFOTHER THE LY CHEA	ECRPRINT) SR Chica ANCERTIFIER (TYP MD ICREMATORY-NAME Chill Ceme: STREET A	LOC LETY 240 ND NUMBER OR R.F	CATION CHYOLCHICAGO,	Illin A	22d. MOTE DEATH MAJEST	O 36-O 6 IF AN INJURY WAS INTERECOROMER OR I BE MOTTPIED. DATE (M) 24dFeb	NOLVEDINTHIS MEDICAL EXAMINER ONTH, DAY, YEAR) 10,1998
	TO THE BEST OF MY KNOW! 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2 4 7 7 W. NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION. REMOVAL (SPECIF) 24a Burial FUNERAL HOME 25a Barr Fune	MOULO. SICIANIFOTHER TH LY CHEA ICEMETERY OF 24b. ROSE NAME 27al Home	ECRPRINT) SR Chica ANCERTIFIER (TYP MD ICREMATORY-NAME Chill Ceme: STREET A	LOC LETY 240 ND NUMBER OR R.F	CATION CHYOLCHICAGO,	Illin	22d. NOTE DEATH MUST	O 36-O 6 FEANIHURY WAS IN HTME CONOMEROR IN BE MOTTPIED. DATE IM 240F-eb STATE 5 60660	NOLVEDIN THIS MEDICAL EXAMINER ONTH, DAY, YEAR) 10,1998
	TO THE BEST OF MY KNOW! 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2 4 7 7 W. NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION, REMOVAL (SPECIFY) 24a Burial FUNERAL HOME	CEMETERY OF 24b. ROSE PARTIES.	ECRPRINT) SR Chica ANCERTIFIER (TYP) ICREMATORY-NAME Chill Ceme STREET A Chica Chill Ceme Control C	LOC LETY 240 ND NUMBER OR R.F	CATION CHYOLCHICAGO,	Illinantown ago, I	22d. NOTE DEATH MUST TATE 11.3 Linai	O 36 - O 6 IF AN INJURY WAS IN THE CONOMER OR I BE MOTTFIED. DATE (IM 240F @ b) STATE S 60660 INOIS LICENSE NUMBER TO STATE	NOLVEDIN THIS MEDICAL EXAMINER ONTH, DAY, YEAR) 10,1998
	TO THE BEST OF MY KNOWN 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2477 W. NAME OF ATTENDING PHYS 3. HENNA BURIAL CREMATION, REMOVAL (SPECIF) 24a BURIAL FUNERAL HOME 25a. Barr Fune 25b. MMM//	CEMETERY OF 24b. ROSE PARTIES.	ECRPRINT) SR Chica ANCERTIFIER (TYP) ICREMATORY-NAME Chill Ceme STREET A Chica Chill Ceme Control C	LOC LETY 240 ND NUMBER OR R.F	CATION CHYOLCHICAGO,	Illin Zorry on Town ago, I	22d. NOTE DEATH MUST TATE 11.3 11.1 poi	O 36 - O 6 IF AN INJURY WAS IN THE CONOMER OR I BE MOTTFIED. DATE (IM 240F @ b) STATE S 60660 INOIS LICENSE NUMBER TO STATE	NOLVEDINTHS MEDICAL EXAMINER ONTH, DAY, YEARI 10, 1998 ZIP
	TO THE BEST OF MY KNOWN 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2477 W. NAME OF ATTENDING PHYS 3. HEN/A BURIAL CREMATION, REMOVAL (SPECIF) 24a BURIAL FUNERAL HOME 25a. Barr Fune 25b. MAREN L. SC LOCAL REGISTRAPS SIGN KAREN L. SC	CEMETERY OF 24b. ROSE NAME PATURE	CORPRINT) SE Chica ANCERTIFIER (TYP MD ICREMATORY-NAME Chill Ceme STREET A C- 6222 N.	tery 24	CATION CHIVON Chicago, Chicago, Vay Chic	Illin Zorry on Town ago, I	22d. NOTE DEATH OLS Llinoi DIRECTO (SIL) 34-01 POBYLOCAL RE	DATE (MANUSCHEEN CONTINUE CONTIN	NOLYEDIN THIS MEDICAL EXAMINER DITH, DAY, YEARI 10, 1998 ZIP SER
POSITION	TO THE BEST OF MY KNOWN 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2 4 7 7 W NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION. REMOVAL (SPECIF) 24a Burial FUNERAL HOME 25a. Barr Fune 25b. LOCAL REGISTRARS SIGN KAREN L SC 26a. REGISTRAR VR200 (Rev. 5/89)	CEMETERY OF 24b. ROSE NAME PATURE OTT, M.D.	ECRPRINT) SC Chica ANCERTIFIER (TYP MD ICREMATORY-NAME Chill Ceme STREET A 6222 N. Illinois Department of Pul	tery 244 ND NUMBER OR R.F Broadv	CATION crivor Chicago, Chicago, vay Chic	Illin Zerry on TOWN ago, I. FUNERA 25c. (DATE FIL 26b.	22d. NOTE DEATH TATE 11. 11. 11. 13. 13. 14. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	DATE (MANUSCHER NUMBER ORTHER) DATE (MANUSCHER ORTHER) 240F eb STATE \$ 60660 INOIS LICENSE NUMBER ORTHER) 2478 GISTRAR (MONTH. DATE ORTHER) EDON 1969US. STATE	ONTH DAY, YEAR) 10,1998 ZIP SER OAAD CERTIFICATE)
POSITION	TO THE BEST OF MY KNOWN 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2477 W NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION, REMOVAL (SPECIF) 24a BURIAL FUNERAL HOME 25a. BARR FUNE 25b. MAREN L SC 26a. PREGISTRAR VR200 (Rev. 5/89)	CEMETERY OF 24b. ROSE PARTIES OTT, M.B.	ECRPRINT) SE Cluica ANCERTIFIER (TYP) ICREMATORY-NAME Chill Ceme: STREET A 6222 N. Illinois Department of Pul	tery 244 ND NUMBER OR R.F Broady	CATION CHYOLOGIC Chicago, Chic	Illing CITY OR TOWN ago, I. FUNERA 25c. (DATE FOR 26b.	22d. NOTE DEATH TATE 1.3 1.1 DIRECTO (S.L.) 24 - 0.1 POBYLOCAL RE (BAS dent name	DATE (MANUSCHER NUMBER ORTHER) DATE (MANUSCHER ORTHER) 240F eb STATE \$ 60660 INOIS LICENSE NUMBER ORTHER) 2478 GISTRAR (MONTH. DATE ORTHER) EDON 1969US. STATE	ONTH DAY, YEAR) 10,1998 ZIP SER OAAD CERTIFICATE)
POSITION IEREBY (TO THE BEST OF MY KNOWN 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2 4 7 7 W NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION. REMOVAL (SPECIF) 24a Burial FUNERAL HOME 25a. Barr Fune FUNERAL DIBECTORS SIGN KAREN L SC 26a. PREGISTRARS SIGN KAREN L SC 26a. PREGISTRAR VR200 (Rev. 5/89) CERTIFY THAT the stablished and filed in	CEMETERY OF 24b. ROSE PATURE OTT, M.D. foregoing is a my office in a	ECRPRINT) SE Cluica ANCERTIFIER (TYP) ICREMATORY-NAME Chill Ceme: STREET A 6222 N. Illinois Department of Pul	tery 244 ND NUMBER OR R.F Broady	CATION CHYOLOGIC Chicago, Chic	Illing CITY OR TOWN ago, I. FUNERA 25c. (DATE FOR 26b.	22d. NOTE DEATH TATE 1.3 1.1 DIRECTO (S.L.) 24 - 0.1 POBYLOCAL RE (BAS dent name	DATE (M) 24dFeb STATE S 60660 NOOSLICENSE NUMBER STATE (M) 24dFeb STATE S 60660 NOOSLICENSE NUMBER STATE (M)	ONTH DAY, YEAR) 10,1998 ZIP SER OAAD CERTIFICATE)
POSITION FEREBY (ord was ex	TO THE BEST OF MY KNOWN 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2477 W NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION, REMOVAL (SPECIF) 24a BURIAL FUNERAL HOME 25a. BARR FUNE 25b. MAREN L SC 26a. PREGISTRAR VR200 (Rev. 5/89)	CEMETERY OF 24b. ROSE PATURE OTT, M.D. foregoing is a my office in a	ECRPRINT) SE Cluica ANCERTIFIER (TYP) ICREMATORY-NAME Chill Ceme: STREET A 6222 N. Illinois Department of Pul	EORPRINT) LOC 244 ND NUMBER OR R.F Broadv Dilc Health—Invision copy of the provision	CATION CHYOLOGIC Chicago, Chicago, Chicago, Chicago, Chicago, Chicago, Chicago	Illing CITY OR TOWN ago, I. FUNERA 25c. (DATE FOR 26b.	22d. NOTE DEATH TATE 1.3 1.1 DIRECTO (S.L.) 24 - 0.1 POBYLOCAL RE (BAS dent name	DATE (MANUSCHER NUMBER ORTHER) DATE (MANUSCHER ORTHER) 240F eb STATE \$ 60660 INOIS LICENSE NUMBER ORTHER) 2478 GISTRAR (MONTH. DATE ORTHER) EDON 1969US. STATE	ONTH DAY, YEAR) 10,1998 ZIP SER OAAD CERTIFICATE)
POSITION IEREBY (ord was ex	TO THE BEST OF MY KNOWN 22a. SIGNATURE NAME AND ADDRESS OF CE 22c. 2 4 7 7 W NAME OF ATTENDING PHYS 23. HEN/A BURIAL CREMATION. REMOVAL (SPECIF) 24a Burial FUNERAL HOME 25a. Barr Fune FUNERAL DIBECTORS SIGN KAREN L SC 26a. PREGISTRARS SIGN KAREN L SC 26a. PREGISTRAR VR200 (Rev. 5/89) CERTIFY THAT the stablished and filed in	CEMETERY OF 24b. ROSE PATURE OTT, M.D. foregoing is a my office in a	ECRPRINT) SE Cluica ANCERTIFIER (TYP) ICREMATORY-NAME Chill Ceme: STREET A 6222 N. Illinois Department of Pul	tery 244 ND NUMBER OR R.F Broady	CATION crivor Chicago, Chicago, Ovay Chic	Illing CITY OR TOWN ago, I. FUNERA 25c. (DATE FOR 26b.	22d. NOTE DEATH TATE 11. 11. 11. 13. 13. 13. 14. 15. 16. 16. 16. 16. 16. 16. 16	DATE (M) 240F eb STATE S 60660 INOISLICENSE NUMBER 2478 GISTRAR (MONTH. DATE) ED ON 1969US. STATE	ONTH DAY, YEAR) 10,1998 ZIP SER OAAD CERTIFICATE)

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.

VR.201°C (1978) OFFICE OF VITAL RECORDS - ILLINOIS DEPARTMENT OF PUBLIC HEALTH - SPRINGFIELD 62761

IOFFICIAL COPY

Borrowers: TYRONE SONG IV MALY SOK

Property Address: 2623 W RASCHER

Chicago, IL 60625

LOT 915 IN BRITIGAN'S BUDLONG WOODS GOLF CLUB ADDITION NUMBER 3, A SUBDIVISION OF PART OF THE NORTHWEST QUARTER OF THE NORTHEAST QUARTER OF SECTION 12, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THAT TING IN.

N 12, TOWN.

THAT PART OF 1.

BEAST HALF LYLING WE.

H, RANGE 13, EAST OF 1.

NOIS.

13-12-214-012 PART LYING NORTHEASTERLY OF LINCOLN AVENUE AND EXCEPT PART TAKEN FOR STREETS IN SECTION 12, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN) ALSO THAT PART OF THE NORTH HALF OF THE WEST HALF OF THE EAST HALF OF THE NORTHEAST HALF LYING WEST OF LINCOLN AVENUE IN SAID SECTION 12, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.