UNOFFICIAL COMPOSITION Page

DECEASED JOINT TENANCY AFFIDAVIT

2001-06-01 14:38:21

Cook County Recorder

23.50



STATE OF ILLINOIS	
COUNTY OF COOK	
ANN M. HALL	being duly
sworn states that she	resides at 821 Hudson Road
	in the City of Glenview, Illinois.
70 _{QA}	·
That <u>she</u> was acquair	ntedwith THOMAS DONALD HALL,
<u>O</u> x	deceased who, at the time of his
death, was one of	the owners of the land in Cook
County, Illinois	described as:
Lot 1 in the Subdivision of Lot sion in Section 35, Townshin 42 cipal Meridian.	ts (and 8 in North Shore Borders Subdivi 2 North, Range 12 East of the 3rd Prin-
COMMONLY KNOWN AS: 821 Hudson	Road, Glenview, Cook County, Illinois.
P.I.N. 04-35-409-012-0000	C _C
That the deceased died	February 20, 2001
as evidenced by a certified co	py of death certificate of the
deceased attached hereto.	
Subscribed and sworn to b	efore me by the said
ANN M, HALL	me wy chie bulu
this <u>23rd</u> day of March	, A.D. 1239 2001
MANUN LAN Notary Public	(affiant signature)
S and the opping &.	LH: KATHRYN HALI
KATHRYN HALL NOFARY PUBLIC, STATE OF ILLINOIS	2000 LEHICH
MY COMMISSION EXPIRES:07/24/04	SUITE A
	CLENVIEW, 12 60025

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Property of Cook County Clark's Office

My a Wywing

EDENT'S BIRTH NO.	REGISTRATION /6, OF STATE OF ILLINOIS DISTRICT NO. /6, OF NUMBER						
1, 1	REGISTERED NUMBER		DIFALCE		(O-1954.		
Type or Print in PERMANENT INK	DECEASED-NAME	FIRST	MIDDLE	LAST	1	DATE OF DEATH (MONT)	•
Funeral Directors,	1.	Thomas [Donald Hal		_{2.} Male	3. February	20, 2001
spital, or Physicians Handbook for	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR UNDER MOS. DAYS HOURS	MIN.	TH (MONTH, DAY, YEAR)	40
INSTRUCTIONS	4. COOK CITY, TOWN, TWP, OR ROAD!	OLOTOLOTALI IL 1950	04.	5b. 5c. RINSTITUTION-NAME (IF NO		tober 15, 19	
		DISTRICT NUMBER	_			OP/EMER	OR INST, INDICATE D.O.A. R. RM, INPATIENT (SPECIFY)
A	6a. Glenview BIRTHPLACE (CITYANDSTATE	OR MARRIED NE	6b. GLET	lbrook Hospita Name of Surviving spo			Inpatient Twas DeceaseDeverwus
DECEASED	FOREIGN COUNTRY)	WIDOWED, DI	IVORCED (SPECIFY)			re,	ARMED FORCES? (YES/NO)
	5. WAUKUIT, IA	8a. Mar USUALOCCU	ried PATION Surgeon	86. Ann Mors		N (SPECIFYONLYHIGHEST	9. Yes
5	10. 351-03-5801	un Orth	Surgeon opedic	11b. Medicine			ege (1-4or5+)
	RESIDENCE (STREET AND NUM			TOWN, TWP, OR ROAD DIS		SIDECITY COUNT	<u> Эт</u> Y
	001 113.1		13b.	Glenview	(YE	isno) 3c. Ves 13d. (1	la ale
	STATE OZI MUCISO	ZIP CODE F	RACE (WHITE, BLACK, AME				, OOK I, MEXICAN, PUERTO RICAN, etc.)
	13e. Illinois	COOOE	NDIAN. etc.) (SPECIFY) 14a. White	14b. (\$1NC	YES SI	PECIFY:	
>	FATHER-N//E FIRST	MIDDLE	LAST	MOTHER-NA		MIDDLE	(MAIDEN) LAST
PARENTS		nald James	Hall	16.	Dorothy	Elizabeth	Ashbacher
	INFORMANT'S NALE (YPEO					ONO. ORR.F.D., CITYORTO	
	_{17a.} Ann M. I(a).	_	17	ъ Wife 1782	21 Hudson Ro	d.,Glenview,	IL 60025
	18. PART I.	En." ar the diseases, or con	nplications that caused the	e death. Do not enter the mode			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Immediate Cause (Final		ist only one cause on ea		1 h		DETREEN CHSET AND DEATH
	disease or condition	→ w levê	boro vinc	rilar Frei	a auni		7 days
	resulting in death)	DUETO, ABASAC	CONSEQUENCE OF	ulas Acci			/42.114.
	CONDITIONS, IF ANY WHICH GIVE RISE TO	(b) 1 60	phina	mula	arkers		10 years
CAUSE	IMMEDIATE CAUSE (a)		ONSE DUENCE OF				
	STATING THE UNDERLYING CAUSE LAST.	' (_(c)					
	PARTII. Other significant condition	ins contributing to death but or	ot resulting in Aleuk derhving car	use given in PART L	w 7		TOPSY FINDINGS AVAILABLE PRIOR TO TION OF CAUSE OF DEATH? (YES/NO)
	try next in	non, b	name, m	ueci (V) 19/	e L	19a. NO 19b.	
	DATE OF DEFERATION, IF ANY	MAJOR FINDI	NGS OF OPERATION			IF FEMALE, WAS THE THREE MONTHS?	ERE A PREGNANCY IN PAST
٠ ل	20a.	20b.				20c. YES □	
^	I (DID) (DID NOT) ATTEND THE AND LAST SAW HIM/HER ALIV		H, DAY, YEAR)		WAS CORONER OR M EXAMINER NOTIFIED?		0.35
	21a.	<i>*</i>	119101	45	21b. NO	21c	2:35 a _{M.}
·	TO THE BEST OF MY KNOWLE	DGE DEATH OCCURR	ED AT THE TIME, DATE		IE CAUSE(S) STATED.	DATESIGNED	
CERTIFIER	22a. SIGNATURE >	Lina		a Lib			ruary 20,2001
	NAME AND ADDRESS OF CER	·	· · · · · · · · · · · · · · · · · · ·	D.1 G1	TT.	ILLINOISLICEN	
1.				an Rd., Gleir	71.∃W, IL		098880
	NAME OF ATTENDING PHYSIC	JIAN IF OTHER THAN C	ERTIFIER (TYPEOI	KPHINT)	CY	DEATH THE COR	RY WAS INVOLVED IN THIS ONER OR MEDICAL EXAMINER
5	23.	CENETERYODGO	MATORY MALE	LOCATION	CITYORTO VN	MUST BE NOTIFIE	
ſ	BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERYORCRE	ial Park				
1	The Britain	24b. Memora			ie, Illinoi	STATE	Feb. 26, 2001
].	24a, DULTAT	ALABAS	OTDEET AND				
ISPOSITION	FUNERAL HOME	NAME	STREET AND			21.7	
ISPOSITION	FUNERAL HOME 25a. N.H. SCOT	tt & Hebble		240 Waukegan F	Rd., Glenvi		
DISPOSITION	FUNERAL DUE TAIL FUNERAL HOME 25a. N.H. SCOT FUNERAL DIRECTOR'S SIGNA	tt & Hebble		240 Waukegan F	Rd., Glenvie	ALDIRECTO A SH LINOISLICE	NSE NUMBER
DISPOSITION	FUNERAL HOME 25a. N.H. SCOT FUNERAL DIRECTOR'S SIGNA 25b.	tt & Hebble			Rd., Glenvie FUNERV 25c.	034-010554	NSENUMBER
DISPOSITION	24a. DUFTAT FUNERAL HOME 25a. N.H. SCOT FUNERAL DIRECTOR'S SIGN. 25b. LOCAL REGISTRAR'S SIGN.	tt & Hebble		240 Waukegan F	Rd., Glenvie FUNERV 25c.	034-010554	NSENUMBER
DISPOSITION	FUNERAL HOME 25a. N.H. SCOT FUNERAL DIRECTOR'S SIGNA 25b. LOCAL REGISTRAR'S STATE	tt & Hebble		240 Waukegan F	Rd., Glenvie FUNERV 25c.	034-010554	NSE NUMBER NONTH, DAY, YEAR) 26, 200
LUEDERY	24a. DUFTAT FUNERAL HOME 25a. N.H. SCOT FUNERAL DIRECTOR'S SIGN. 25b. LOCAL REGISTRAR'S SIGN.	ATURE	thwaite, 12	W. Justine	Rd., Glenvie 25c. DATE FI 26b. 1	LEDBYLOCAL RESTOYRAR (M	NSE NUMBER NONTH, DAY, YEAR) 26, 200
LUEDERY	FUNERAL HOME 25a. N.H. SCOTEUNERAL DIRECTOR'S SIGNATE	foregoing is a to my office in acc	thwaite, 12	W. Justine	Rd., Glenvie 25c. DATE F1 26b. Coord for the dec	LDIRECTO SE LINOISLICEI 034-010554 LEPBYLOCALRECTYRAR(M PAGEORNA (old edent named at its ords	NSENUMBER ONTH, DAY, YEAR) 26, 200/ S STANDARD CERTIFICATE om 1, and that this
I HEREBY (24a. DUITAT FUNERAL HOME 25a. N.H. SCOT FUNERAL DIRECTOR'S SIGNA 25b. LOCAL REGISTRAR'S SOM 26a. CERTIFY THAT the stablished and filed in	foregoing is a to my office in acc	rue and correct of cordance with the	W. Justice opy of the death reprovisions of the	Rd., Glenvie 25c. DATE FI 26b. T	LEDBYLOCAL RESTOYRAR (M	NSENUMBER ONTH, DAY, YEAR) 26, 200/ S STANDARD CERTIFICATE om 1, and that this

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.

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