UNOFFICIAL CO 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 Page 1 of

8<mark>761/01</mark>18 35 001 Page 1 of 2 2001-10-25 15:32:00

Cook County Recorder

43.50



Chicago Title Insurance Company

	DECEASED JOINT	TENANCY AFFIDA	AVIT	0011000427
STATE OF ILLINOIS COUNTY OF COOK	ss.	Order No.		
CHESTER HOARD			b	eing duly sworn
states that <u>he</u> resides a Chicago, Illinois	t <u>33 East 102nd</u>	Place		_ in the City of
That he va acqu	ainted withEDNA	HOARD		
deceased who, at the time of County, Illinois, described as	her death, was one o	f the owners of the		
THE EAST & OF LOT A SUBDIVISION IN SOFTHE THIRD PRING	SECTION 10, TOW CIPAL MERIDIAN,	NSHIP 3/ NORTH	ry, ILLINOIS.	EAST
That the deceased died certified copy of death certified	Aŭgust 5, 20	00 //		as evidenced by a
That the deceased died				
Leaving no Last W	ill & Testament.		0	
will should be		of the Probate I County, Illinois.	division of the C	Medit Court of
Leaving a Last V Division of the C	Vill & Testament which irouit Court of	h was filed in the	Unproven Will For	of the Probate ty, Illinois about
That the total value of the deceased either individe exceed the sum of \$70.	ially or in joint tenan	sed, including both r cy at the time of t	eal and personal pr he death of the de	operty owned by eceased, does not dollars.
Affiant makes this afficits Title Insurance Policy, de	lavit for that purpose o	f inducing the Chica tioned property.	go Title Insurance (
Subscribed and sworn	to before me by the said	ì	"OFFICIAI VERONIC	LSEAL" 🥻
CAESTER HOARD	Sober, A.D. 1	9K 2001	Notary Public, S My Commission E	state of Illinois & Santa Spires 05/04/02 &
this 24th day of		/ /	Chester 1	Vourd
Notary	Public 🔪		(airiant s sigi	IDVILE)

2 of

MULTICOLOR SIGNATURE SEAL IS AFFIXED. THIS CERTIFICATE COPY VALID WHEN

FUNERAL DIRE

Gatling's Chapel

SSIGNATURE

/H202 (Rev. 5/89)

Illinois Department of Public Health—Division of Vitat Records

RSM

8

AG

BASED ON 1989 U.S. STANDARD CERTIFICATE)

264

BURIAL, CREMATION, REMOVALISPECIFY

CEMETERY OR CREMATORY-NAME

Washington Cemetary

24c. LOCATION

Homewood, Illinois

CITY OF TOWN

STATE

244Aug 13 2000

DATE

(MONTH, DAY, YEAR)

CITY OR TOWN

AWRENCE BOGAN, M.D.

DATESIONET

(MONTH, DAY, YEAR)

COSO

6

Z

STREET AND YUS TIE COR R.F.D.

Inc. 10133 S Haisted

Street

Chicago

Illinois

60628

FUNERAL HOME

23a. ▼

22a. **▼**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUISITION, THIS DRATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

THE DECE 'ENT WAS PRONOUNCED BEAD ON

H'S SIGNATUH

CORONER'S PHY CORONER'S~ MED

ICIAN'S NAME (Type or

HERE APREG	ONED IN	ATHRONESMO,
		·
I		1
LOCAL REGISTRAN	ichelme no	

OF ILLINOIS AND THE ORDINANCES OF CERTILY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS THE CITY (F CHICAGO, DO HEREBY REGISTRA OF VITAL STATISTICS OF I, JOHN L. WILHELM M.D., LOCAL KEPT BY ME IN ORDINANCE OF SAID SHEET IS A TRUE COPY OF A RECORD LAW AND ORDINANCES. ACCOMPANYING CERTIFICATE ON THIS BY VIRTUE OF THE LAWS OF THE STATE 4.1D DEATHS FOR THE CITY OF CHICAGO THE CITY OF CHICAGO; THAT THE

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

SED ¥ 5 5 5 ORARY TFICATE CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I STATE SOCIAL SECURITY NUMBER 17a. INFORMANT'S NAME (TYPE OR PRINT 13 e 13a. RESIDENCE (STREET AND NUMBER) DECEASED-NAMI NUMBER, BIHTHPLAC resulting in death) Immediate Cause (Final 358-36-4793 EION COUNTEM) Chicago II Illinois Chester U 33 East WN_TWP.OR ROAD DISTRICT NUMBER OF DE AJ Leroy AND STATE OR 102nd Place PLACE OF INJURY (ATHOME, FARM, STREET FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) (SPECIFY) Hoard Enter the diseases, injuries, 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 time. ZIP CODE _{13f.} 60628 Davis (b)
DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF b MIDDLE MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION Housekeeper DATE OF INJURY (MONTH, DAY, YEAR) Sr Married RACE (WHITE, BLACK, AMERICAN INDIAN, BC.) (SPECIFY)
14a. Black AGE-LAST BIRTHDAY (VRS) US HOSPITAL OROTHER INSTITUTION-MAKE (IF NOT WEITHER GIVE STREET AND NUMBER) CITY. LOCATION (CITY, VIL. OR TOWN: OR T VP. 176. Husband RELATIONSHIP TOWN, TWP, OR ROAD DISTRICT NO. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) 8 KIND OF BUSINESS OR INDUSTRY Chicago Cardion 88 Cu Hd of Education Chester HOUR OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO NCJ. 1, IF MOTHER-NAME 145 MAILING ADDRESS (STREET AND NO. OR R.F.O., CITY OR TOWN S. VI., 715) 33 E 102nd Pl Hoard Ş X3S Lillie Mae N HO. DIST. NO., COUNTY, STATE ☐ YES DATE OF BIRTH (MO EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

Elementary/Squadury (0-12)

College (1-10-5+) NAL I'L LIEW 48) July 31, INSIDECITY (YESNO) 13c. Yes SPECIFY: TESNO, 2/ Chicago Crawford DEATH (MONTH, DAY, YEAR) 1944 66. C 13d. VINDO VINDO WERE AUTOMOV CAUSE OF DEA COMPLETION OF CAUSE OF DEA 19b. PERMALE WAS TO С О О ORINST, NDICATE U.U.A. BETWEEN ONSET AND DEATH MED FORCES? (YESAN ð YES 60628

COUNTY OF COOK CITY OF CHICAGO STATE OF ILLINOIS

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

IFICATE | DISTRICT NO.

REGISTERED