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UNOFFICIAL COPY

FIRST ILLINOIS TITLE CORP

0011121966

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FIRST ILLINOIS TITLE GUARANTY CORP

County Recorder 47.50



0011121966

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois

FIT ORDER # FT1090118

County of Cook

Barbara Haas, being duly sworn and for the purpose of inducing First Illinois Title Guaranty Corp. to issue the subject policy covering the hereinafter-described land, states as follows:

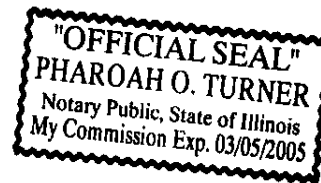
320

- That I resides at 2019 Touhy Chicago, IL 60645
- That I was acquainted with Lynn A. Medlock, who died on December 7, 2000, as evidenced by the attached certified copy of death certificate;
- That said decedent was one of the owners of the land described in the above order number;
- That said decedent died:
  - Leaving no Last Will and Testament
  - Leaving a Last Will and Testament, a copy of which is attached
- The total value of the estate of said decedent for State of Illinois inheritance tax and Federal estate tax purposes, does not exceed \$ 600,000.

Subscribed and Sworn to before me by the aforesaid Affiant, this 4<sup>th</sup> day of October, 2001.

Barbara Haas  
Signature of Affiant

Pharoah O. Turner  
Notary Public



My commission expires 3/5/05

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11121956  
STATE OF ILLINOIS  
11121956  
FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16.23</u>	REGISTERED NUMBER <u>1363</u>
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Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS	DECEASED—NAME FIRST MIDDLE LAST 1. Glenn A. Medlock			SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. December 7, 2000
	COUNTY OF DEATH 4. Cook		AGE—LAST BIRTHDAY (YRS) 5a. 53	UNDER 1 YEAR MOS. DAYS 5b.	UNDER 1 DAY HOURS MIN. 5c.
	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Evanston		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. St. Francis Hospital		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 12, 1946
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Knoxville, TN		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. Married	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Barbara Haas	
	SOCIAL SECURITY NUMBER 10. 410-76-2062		USUAL OCCUPATION 11a. Proofreader	KIND OF BUSINESS OR INDUSTRY 11b. Newspaper	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 5+

DECEASED

PARENTS

FATHER—NAME FIRST MIDDLE LAST 15. James A. Medlock	MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) 16. Jean Dooley
INFORMANT'S NAME (TYPE OR PRINT) 17a. Barbara Haas	RELATIONSHIP 17b. wife
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 2019 W. Touhy Ave., Chicago, IL 60645	

CAUSE

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.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Immediate Cause (Final disease or condition resulting in death) → (a) RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) LIVER DISEASE / CHRONIC PANCREATITIS DUE TO, OR AS A CONSEQUENCE OF	
(c) ALCOHOL USE	

PART II

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	AUTOPSY (YES/NO) 19a. NO	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.
DATE OF OPERATION, IF ANY 20a.	MAJOR FINDINGS OF OPERATION 20b.	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input type="checkbox"/>

CERTIFIER

1 (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. DECEMBER 6, 2000	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. NO	HOUR OF DEATH 21c. 7:35 A. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/8/00
22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. SUZANNE M. GREIDER MD, 800 AUSTIN, EVANSTON, IL 60202	ILLINOIS LICENSE NUMBER 22d. 00 300 36065627-1	

DISPOSITION

BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. CREMATION	CEMETERY OR CREMATORY—NAME 24b. MONTROSE CEMETERY	LOCATION CITY OR TOWN STATE 24c. CHICAGO, ILLINOIS	DATE (MONTH, DAY, YEAR) 24d. DEC. 9, 2000
FUNERAL HOME 25a. JOHN E. MALONEY FUNERAL HOME, 1359 W. DEVON AVE. CHICAGO, IL 60660	FUNERAL DIRECTOR'S SIGNATURE 25b. JOHN E. MALONEY		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. #034-010473
LOCAL REGISTRAR'S SIGNATURE 26a. Jay W. Torrey	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. Dec. 8, 2000		

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE DECEMBER 8, 2000 SIGNED Jay W. Torrey  
AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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.

**UNOFFICIAL COPY** 11121966

11121966

THE WEST 30 FEET OF LOT 4 IN BLOCK 6 IN ROGERS PARK BEING A SUBDIVISION IN SECTION 31,  
TWP 41 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK CTY, ILL

The Real Property or its address is commonly known as 2019 TOUHY, CHICAGO, IL 60645. The Real  
Property tax identification number is 11-31-103-015.

Property of Cook County Clerk's Office