

State of Illinois  
County of Cook ss.



0020096168

Property of Cook County Clerk's Office

DECEASED JOINT TENANCY AFFIDAVIT

MINORU MAYEDA being duly sworn states  
that HE resides at 7360 Princeton Circle Dr in the City of  
Hanover Park, IL  
That HE was acquainted with Doris Jean MAYEDA  
who IS deceased who, at the time of HER  
death, was one of the owners of the land in COOK  
County, Illinois, described as:

SEE EXHIBIT A ATTACHED

That the deceased died 03-30-2000  
as evidenced by a certified copy of death certificate of the deceased attached  
hereto.

That the deceased died:

- Leaving no last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached  
hereto. The original of the unproven will should be filed with  
the Clerk of the Probate Division of the Circuit Court \_\_\_\_\_  
County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven  
Will Box of the Probate Division of the Circuit Court of \_\_\_\_\_  
County, Illinois about \_\_\_\_\_

That the total value of the estate of the deceased, including both  
real and personal property owned by the deceased either Individually or in  
joint tenancy at the time of the death of the deceased, does not exceed the  
sum of Seventy Five Thousand dollars.



Subscribed and sworn to before me by the said

MINORU MAYEDA  
this 19 day of December A.D. 2001

Diane M. Saia  
Notary Public

Minoru Mayeda  
(Affiants Signature)

548  
R3  
MJE  
CW

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Property of Cook County Clerk's Office

COOK COUNTY CLERK'S OFFICE  
111 N. LAUREL ST. CHICAGO, IL 60602  
TEL: (773) 399-3000 FAX: (773) 399-3001  
WWW.COOKCOUNTYCLERK.COM

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A TRUE & EXACT COPY OF THE ORIGINAL

DATE: MARCH 30, 2000

SIGNED: *Margaret Velazquez*

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths and deaths.

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16.0  
REGISTERED NUMBER

1. DECEASED - NAME: **Doris** FIRST MIDDLE LAST: **JEAN MAYEDA** SEX: **Female** DATE OF BIRTH (MONTH, DAY, YEAR): **March 30, 2000**

2. COUNTY OF DEATH: **COOK**

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **HOFFMAN ESTATES**

4. AGE - LAST BIRTHDAY (YRS): **58** UNDER 1 DAY: **5C.** HOURS: **5C.** MIN. DATE OF DEATH (MONTH, DAY, YEAR): **March 30, 2000**

5a. HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): **ST. ALEXIUS MEDICAL CENTER**

5b. ST. ALEXIUS MEDICAL CENTER

6a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **MARRIED**

6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **MINORU MAYEDA**

6c. U.S.A.

7. SOCIAL SECURITY NUMBER: **356-24-1837**

8a. USUAL OCCUPATION: **Homemaker**

8b. KIND OF BUSINESS OR INDUSTRY: **MINORU MAYEDA**

9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO): **NO**

10. RESIDENCE (STREET AND NUMBER): **7360 PRINCETON CIRCLE**

11. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **HANOVER PARK**

11a. Own Home

11b. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **WHITE**

11c. COUNTY: **COOK**

12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12**

12a. IF SPANISH (YES/NO): **NO**

12b. IF SPANISH (YES/NO): **NO**

12c. IF SPANISH (YES/NO): **NO**

13. IMMEDIATE CAUSE (Final disease or condition resulting in death): **(a) Atherosclerotic Cardiovascular Disease**

13a. IMMEDIATE CAUSE (b) STATING THE UNDERLYING CAUSE LAST: **(c)**

14. 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 line.

15. INFORMANT'S NAME (TYPE OR PRINT): **CLARENCE PRATT**

16. RELATIONSHIP: **HUSBAND**

17. ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): **17300 PRINCETON CIRCLE HANOVER PARK IL**

18. PART I. NATURAL ACCIDENT, HOMICIDE, SUICIDE (UNDETERMINED) (SPECIFY): **NATURAL**

19. DATE OF INJURY (MONTH, DAY, YEAR): **March 30, 2000**

20. HOUR: **M.** MINUTE: **20**

20a. PLACE OF INJURY (AT HOME, FARM, STORE, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY): **AT HOME**

20b. LOCATION (CITY, VIL. OR TOWN; OR RD. DIST. NO., COUNTY, STATE): **HANOVER PARK, COOK COUNTY, ILLINOIS**

20c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): **AT HOME**

20d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH (YES/NO): **NO**

20e. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO): **NO**

21. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INFORMATION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEASED WAS PRONOUNCED DEAD ON: **March 30, 2000** AT: **21c. 21c.111P. M.**

22a. CORONER'S PHYSICIAN'S NAME (TYPE OR PRINT): **E. S. Donovan, M.D.**

22b. DATE SIGNED: **March 30, 2000**

22c. DATE SIGNED: **March 30, 2000**

23. BURIAL CREMATION, REMOVAL (SPECIFY): **CREMATION**

23a. CEMETERY OR CREMATORY - NAME: **NORTHWEST CREMATORY**

23b. CITY OR TOWN: **BARTLETT**

23c. STATE: **ILLINOIS**

23d. DATE (MONTH, DAY, YEAR): **24 APRIL 2, 2000**

24. FUNERAL HOME: **COUNTRYSIDE FUNERAL HOME**

24a. STREET AND NUMBER OR R.F.D.: **1640 GREENMEADOWS BLVD.**

24b. CITY OR TOWN: **STREAMWOOD**

24c. STATE: **ILLINOIS**

24d. ZIP: **60107**

25. LOCAL REGISTRAR'S SIGNATURE: *Karen L. Scott*

25a. LOCAL REGISTRAR'S NAME: **KAREN L. SCOTT, M.D.**

25b. LOCAL REGISTRAR'S ADDRESS: **LON S. DONOVAN**

25c. LOCAL REGISTRAR'S ILLINOIS LICENSE NUMBER: **14907**

26. REGISTRAR'S SIGNATURE: *Margaret Velazquez*

26a. REGISTRAR'S NAME: **Margaret Velazquez**

26b. REGISTRAR'S ADDRESS: **March 31, 2000**

# UNOFFICIAL RECORD COPY

Name of Deceased <b>Doris Jean Mayeda</b>				Account Number <b>S00 042</b>							
Birthdate <b>January 16, 1932</b>				Soc. Sec. Num. <b>356-24-1837</b>							
Age <b>68</b>		Sex <b>Female</b>	Date of death <b>March 30, 2000</b>								
County of Death <b>Cook</b>		Place of Death <b>St. Alexius Medical Center</b>		Veteran <b>No</b>							
Residence <b>7360 Princeton Court</b>		City <b>Hanover Park</b>		State Zip <b>IL 60103</b>							
Responsible Party <b>Minoru Mayeda</b>				Relationship <b>Husband</b>							
Address <b>7360 Princeton Court Hanover Park IL 60103</b>				Phone: <b>(630)837-6043</b>							
Responsible Party				Relationship							
Address				Phone:							
Visitation <b>April 1, 2000 Saturday</b>		Time(s) <b>4:00 PM - 7:00 PM</b>									
Funeral Date <b>April 1, 2000 Saturday</b>		Time(s) <b>7:00 PM/</b>		Church <b>Countryside Funeral Home</b>							
Disposition <b>Cremation</b>		Cemetery/Crematory <b>Northwest Crematory</b>		Location							
Section		Block	Lot	Grave							
S.S. <b>3-30</b>		Obituary			Total <b>\$ 4228.59</b>						
Flag		Relationship	Survivor		NOTES:  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Date</th> <th>By</th> <th>Balance</th> </tr> </thead> <tbody> <tr> <td><b>4/4</b></td> <td><b>CR 28246</b></td> <td><b>1028.59</b></td> </tr> </tbody> </table>	Date	By	Balance	<b>4/4</b>	<b>CR 28246</b>	<b>1028.59</b>
Date	By	Balance									
<b>4/4</b>	<b>CR 28246</b>	<b>1028.59</b>									
Headstone		Husband	<b>Minoru Mayeda</b>								
Insurance		Deceased father	<b>Clarence Pratt</b>								
Insurance		Deceased mother	<b>Mabel Pratt</b>								
SM-1		Son	<b>David Mayeda</b>								
SM-2		Son	<b>Lance (Sue) Mayeda</b>								
Notes:		Son	<b>Robert (Linda) Mayeda</b>								
		Son	<b>Steven (Tiffany) Mayeda</b>								
		Daughter	<b>Sharon (Mike) Unknown</b>								
Cremains Received By <i>Minoru Mayeda</i>											

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Exhibit A

LOT 17 IN BLOCK 47 IN HANOVER HIGHLAND UNIT NUMBER 6, BEING A SUBDIVISION IN THE  
SOUTHEAST QUARTER OF SECTION 30 TOWNSHIP 41 NORTH, RANGE 10 EAST OF THE THIRD  
PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

The Real Property or its address is commonly known as 7360 PRINCETON CIRCLE DRIVE, HANOVER  
PARK, IL 60133. The Real Property tax Identification number is 07-30-410-045

Cook County Clerk's Office