

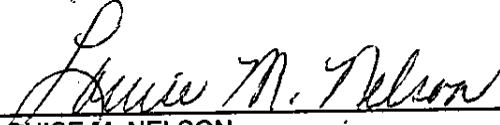


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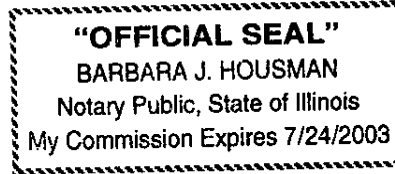
3. Affiant states that the remaining joint tenant has not changed her marital status since the recording of Warranty Deed dated December 5, 1972, recorded as Document No. 22184728 on January 11, 1973.

4. Affiant states that she makes this affidavit for the purpose of inducing the Recorder of Deeds of Cook County, Illinois, to show on its records that title to the above property is in the name of the surviving Joint Tenant, relying on this statement as true, and in consideration thereof Affiant guarantees the truth of the statements herein contained.

  
\_\_\_\_\_  
LOUISE M. NELSON

SUBSCRIBED and SWORN  
to before me this 5th day of July, 2001.

  
\_\_\_\_\_  
Notary Public



This instrument prepared by and return to: DIRK VAN BEEK, P.O. Box 160, South Holland, Illinois 60473



Dirk Van Beek  
15525 South Park Ave.  
South Holland, IL 60473

Property of Cook County Clerk's Office

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HARVEY, ILLINOIS

DISTRICT 16.34

0020159628

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DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <b>16.34</b>	STATE OF ILLINOIS	STATE FILE NUMBER
<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED-NAME FIRST MIDDLE LAST <b>1. Roger Miller Nelson</b>		SEX <b>2. male</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>3. June 2, 2001</b>
COUNTY OF DEATH <b>4. Cook</b>		AGE-LAST BIRTHDAY (YRS) MOS DAYS <b>5a. 86</b>	UNDER 1 YEAR UNDER 1 DAY HOURS MIN <b>5b. 5c. 5d. September 10, 1914</b>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. Harvey</b>		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. Ingalls Memorial Hospital</b>	IF HOSP. OR INST. INDICATE D.O.A. OPERM. RM. INPATIENT (SPECIFY) <b>6c. Inpatient</b>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. Chicago, Illinois</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>8a. Married</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8b. Louise Turngren</b>
SOCIAL SECURITY NUMBER <b>10. 339-12-4864</b>		USUAL OCCUPATION <b>11a. Retired</b>	KIND OF BUSINESS OR INDUSTRY <b>11b. Business owner</b>
RESIDENCE (STREET AND NUMBER) <b>13a. 900 Sunset Drive</b>		CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. Glenwood</b>	INSIDE CITY (YES/NO) <b>13c. No</b>
STATE <b>13d. Illinois</b>		ZIP CODE <b>13f. 60425</b>	COUNTY <b>13d. Cook</b>
FATHER-NAME FIRST MIDDLE LAST <b>15. Charles Miller Nelson</b>		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST <b>16. Christine Langel</b>	
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. Louise Nelson</b>		RELATIONSHIP <b>17b. Wife</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 900 Sunset Drive Glenwood, Illinois 60425</b>
18. PART I. Enter the disease, 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) <b>(a) Sudden Terminal Cardiac Arrhythmia</b>			Minutes
CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <b>(b) Chronic Longstanding Artrial Fibrillation</b>			Years
PART II. Other significant conditions contributing to death but not resulting in the death. Do not state given in PART I.			
<b>Parkinson's Disease</b>			
DATE OF OPERATION, IF ANY <b>20a. May 29, 2001</b>		MAJOR FINDINGS OF OPERATION <b>20b. Sigmoid Resection, Villous Adenoma and Carcinoma</b>	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>
1(DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON <b>21a. June 1, 2001</b>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>21b. No</b>	HOUR OF DEATH <b>21c. 7:53 P. M.</b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND TO THE CAUSE(S) STATED.			DATE SIGNED (MONTH, DAY, YEAR) <b>22b. 6-4-01</b>
22a. SIGNATURE <b>Roman Filipowicz M.D.</b>			ILLINOIS LICENSE NUMBER <b>22d. 36-40276</b>
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>Dr. Filipowicz</b>			NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>24a. Burial</b>		CEMETERY OR CREMATORY-NAME <b>24b. Assumption Cemetery</b>	LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR) <b>24c. Glenwood, Illinois June 6, 2001</b>
FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP <b>25a. Tews Funeral Home, Inc. 18230 S. Dixie Hwy. Homewood, Illinois 60430</b>		FUNERAL DIRECTOR'S NAME AND LICENSE NUMBER <b>25b. Michael J. Schassburger 034-011635</b>	
LOCAL REGISTRAR'S SIGNATURE <b>Gwenolyn L. Davis</b>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. JUN 05 2001</b>	

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein 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.

D08525

DATE ISSUED

JUN 05 2001

ISSUED AT:

CITY OF HARVEY  
15320 SO. BROADWAY AVE.  
ILLINOIS 60426

Gwenolyn L. Davis  
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying seal and signature of Local Registrar.