

COOK COUNTY  
RECORDER  
EUGENE "GENE" MOORE  
MICHIGAN OFFICE

STATE OF ILLINOIS )  
COUNTY OF COOK )

AFFIDAVIT RE DECEASED JOINT TENANT

GERALDINE GRACE WELCH, a widow, being first duly sworn on oath, deposes and states as follows:

- 1.) That she resides at 18242 Riegel Road, Homewood, Illinois 60430.
- 2.) That she was ACQUAINTED WITH ELMER WESLEY WELCH, who died on March 31, 2002, as evidenced by the attached copy of death certificate;
- 3.) That said decedent was one of the owners of land described as follows:

LOT 2 IN JENSEN'S RESUBDIVISION OF LOT 5 IN W.K. GORE'S SUBDIVISION OF THAT PART OF THE SOUTH WEST ¼ OF SECTION 32, TOWNSHIP 36 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF THE CENTER LINE OF CHICAGO AND VINCENNES ROAD, IN COOK COUNTY, ILLINOIS.

PROPERTY ADDRESS: 18242 Riegel Road, Homewood, IL 60430

PERMANENT PROPERTY INDEX NO. 29-32-309-033

- 4.) That said decedent died leaving a last will and testament.
- 5.) That the total value of the estate of said decedent for State of Illinois inheritance tax and federal estate tax

purposes does not exceed Fifty Thousand and 00/100 Dollars (\$50,000.00).

Further affiant sayeth not.

Geraldine G. Welch  
GERALDINE GRACE WELCH

SUBSCRIBED and SWORN to before me  
This 9<sup>th</sup> day of September, 2002.

Patricia A. Whiteside  
NOTARY PUBLIC

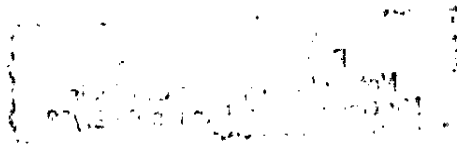
"OFFICIAL SEAL"  
Patricia A. Whiteside  
Notary Public, State Of Illinois  
My Commission Expires 03/27/03



NEWMAN & BOYER  
900 Maple Road  
Homewood, IL 60430

UNOFFICIAL COPY

Property of Cook County Clerk's Office



UNOFFICIAL COPY

HARVEY, ILLINOIS

DISTRICT 16:34

0021031530

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DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>1634</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>					
1. DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
		<u>Elmer</u>	<u>Wesley</u>	<u>Welch</u>	<u>2 Male</u>	<u>March 31, 2002</u>	
2. COUNTY OF DEATH		3. AGE-LAST BIRTHDAY (YRS)		4. UNDER 1 YEAR	5. UNDER 1 DAY	6. DATE OF BIRTH (MONTH, DAY, YEAR)	
<u>Cook</u>		5a. <u>85</u>		5b. MOS. DAYS	5c. HOURS MIN	<u>August 3, 1916</u>	
7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		8. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				9. IF HOSP. OR INST. INDICATE D.O.A. OR EMER. RM. INPATIENT (SPECIFY)	
<u>Harvey</u>		<u>Ingalls Memorial Hospital</u>				<u>Inpatient</u>	
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (SPECIFY)		12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		13. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
<u>Harvey, ILLINOIS</u>		<u>Never Married</u>		<u>None</u>		<u>Yes</u>	
14. SOCIAL SECURITY NUMBER		15. USUAL OCCUPATION		16. KIND OF BUSINESS OR INDUSTRY		17. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
<u>332-09-8401</u>		<u>Sheet Metal</u>		<u>Whiting Corp.</u>		12. <u>12</u> Elementary/Secondary (0-12) College (1-4 or 5+)	
18. RESIDENCE (STREET AND NUMBER)		19. CITY, TOWN, TWP. OR ROAD DISTRICT NO.		20. INSIDE CITY (YES/NO)		21. COUNTY	
<u>18242 Riegel Road</u>		<u>Homewood</u>		<u>Yes</u>		<u>Cook</u>	
22. STATE		23. ZIP CODE		24. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		25. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
<u>ILLINOIS</u>		<u>60430</u>		<u>White</u>		<u>NO</u>	
26. FATHER-NAME FIRST MIDDLE LAST		27. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST		28. INFORMANT'S NAME (TYPE OR PRINT)		29. RELATIONSHIP	
<u>Elmer Guy Welch</u>		<u>Clara Grace Berry</u>		<u>Geraldine Grace Welch</u>		<u>Sister</u>	
30. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)		31. 17a. 17b. <u>8242 Riegel Rd. Homewood IL 60430</u>					
32. PART I. Enter the direct causes, 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.		33. IMMEDIATE CAUSE (Final disease or condition resulting in death)					
		<u>Pancreatic Carcinoma</u>					
34. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		35. (b) (c)					
36. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
37. DATE OF OPERATION, IF ANY		38. MAJOR FINDINGS OF OPERATION		39. AUTOPSY (YES/NO)		40. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
				<u>NO</u>		<u>NO</u>	
41. (IF DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) (MONTH, DAY, YEAR)		42. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		43. HOUR OF DEATH		44. DATE SIGNED (MONTH, DAY, YEAR)	
<u>3/29/02</u>		<u>NO</u>		<u>11:07 A.M.</u>		<u>April 3, 2002</u>	
45. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		46. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		47. ILLINOIS LICENSE NUMBER		48. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
		<u>NADER BESHAY 6703 W 159TH ST Tinley Park, IL 60477</u>		<u>36-84972</u>			
49. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		50. BURIAL, CREMATION, REMOVAL (SPECIFY)		51. CEMETERY OR CREMATORY-NAME		52. LOCATION CITY OR TOWN STATE	
		<u>Burial</u>		<u>Washington Memory Gardens</u>		<u>Homewood, Illinois</u>	
53. FUNERAL HOME NAME		54. STREET AND NUMBER OR R.F.D.		55. CITY OR TOWN STATE		56. DATE (MONTH, DAY, YEAR)	
<u>Tews Funeral Home, Inc.</u>		<u>18230 S. Dixie Hwy.,</u>		<u>Homewood, Illinois</u>		<u>April 3, 2002</u>	
57. FUNERAL DIRECTOR'S SIGNATURE		58. LOCAL REGISTRAR'S SIGNATURE		59. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		60. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)	
<u>Michael Hursney</u>		<u>Gwendolyn L. Davis</u>		<u>11824</u>		<u>APR 03 2002</u>	

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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.

D13917

DATE ISSUED APR 03 2002

ISSUED AT:

CITY OF HARVEY  
15320 SO. BROADWAY AVE.  
ILLINOIS 60426

Gwendolyn L. Davis  
GWENDOLYN L. DAVIS  
LOCAL REGISTRAR

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

