



EUGENE "GENE" MOORE
RECORDER OF DEEDS/REGISTRAR OF TITLE
COOK COUNTY, ILLINOIS



DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS

COUNTY OF

Cook

BEING DULY SWORN STATES THAT Christine Turner

RESIDES AT 232 W. 154 PLACE IN THE CITY OF Harvey

THAT she WAS ACQUAINTED WITH Louis James Turner THE DECEASED, WHO AT THE TIME OF His DEATH, WAS ONE OF THE OWNERS OF THE LAND IN Cook COUNTY, ILLINOIS, DESCRIBED AS FOLLOWS:

the west 50ft of the east 90ft of lot 33 in Bartlett's subdivision of lots 2 & 3 & 4 in a subdivision of that part lying east of Vincennes Road of the South half of the North West Quarter (except North Acres thereof) and of the North half of the Southwest Quarter of Section 18, Township 36.

THAT THE DECEASED DIED December 1, 2002, AS EVIDENCED BY A ORIGINAL CERTIFIED COPY OF THE 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 CIRCUIT COURT OF Cook COUNTY, ILLINOIS.
- LEAVING A LAST WILL & TESTAMENT WHICH WAS FILED IN THE UNPROVEN WILL BOX OF THE PROBATE DIVISION OF THE CIRCUIT COURT OF Cook COUNTY, ILLINOIS ABOUT _____.

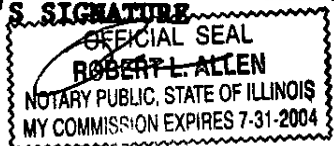
AT THE TOTAL VALUE OF THE ESTATE OF THE DECEASED, INCLUDING BOTH REAL AND PERSONAL PROPERTY OWNED BY THE DECEASED EITHER INDIVIDUALLY OR IN JOINT TENANCY AT THE TIME OF THE DECEASED, DOES NOT EXCEED THE SUM OF \$29,000 DOLLARS.

DESCRIBED AND SWORN TO BEFORE ME BY SAID
Christine Turner

THIS WAS PREPARED BY
Cheryl Turner
232 W. 154 PLACE
Harvey, IL 60426

THIS 20th DAY OF Dec. A.D. 2002
Robert L. Allen
NOTARY PUBLIC

X AFFIANT'S SIGNATURE



UNOFFICIAL COPY

0021431407

0021431407

Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16-32
REGISTERED NUMBER 853

STATE OF ILLINOIS

STATE FILE NUMBER 000431407
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UNOFFICIAL COPY
MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
1. Louis Turner 2. Male 3. December 1, 2002

COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
4. Cook 5a. 55 5b. 5c. 5d. January 6, 1947

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
6a. Chicago Heights 6b. St. James Hospital 6c. Inpatient

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7. Edwards, Miss. 8a. Married 8b. Christine Thompson 9. Yes

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 428-94-1326 11a. Supervisor 11b. Bakery 12. 12th

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) COUNTY
13a. 232 West 154th Place 13b. Harvey 13c. Yes 13d. Cook

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
13e. Illinois 13f. 60426 14a. Black American 14b. NO YES SPECIFY:

FATHER-NAME FIRST MIDDLE LAST MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
15. George Turner 16. Gertrude Andrews

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a. Christine Turner 17b. Wife 17c. 232 West 154th Place Harvey, IL.

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) PENILE CANCER UNKNOWN
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) DUE TO, OR AS A CONSEQUENCE OF (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a. No 19b.

DATE OF OPERATION, IF ANY MAJOR FINDINGS OF OPERATION IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20a. 20b. 20c. YES NO

I (DID/DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) HOUR OF DEATH
21a. 21b. Yes 21c. 5:35 p.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)
22a. SIGNATURE 22b. 12-02-02

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) CITY STATE ZIP ILLINOIS LICENSE NUMBER
22c. Dr. Rakesh Chugh 30 East 15th Street Suite 308 Chicago, Hgts. IL 60411 22d. 036-085688

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a. Burial 24b. Mt. Moriah Cemetery 24c. Edwards, Mississippi 24d. 12-08-02

FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
25a. W.W. Holt Funeral Home 175 West 159th Street Harvey, Illinois 60426

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b. W.W. Holt 25c. 10992

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Rachel M. Vega 26b. December 7, 2002

VR200 (Rev. 5/89) Illinois Department of Public Health—Division of Vital Records (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD FOR THE ABOVE NAMED IN ITEM NO. 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, STILL BIRTHS & DEATHS.

DATE: _____ SIGNED: Rachel M. Vega

AT: CHICAGO HEIGHTS, IL 60411 TITLE: LOCAL REGISTRAR

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