

Eugene "GENE" Moore
Recorder of Deeds/Registrar of Torrens
Titles Cook County, Illinois

0314847063
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 05/28/2003 09:48 AM Pg: 1 of 2

Deceased Joint Tenancy
Affidavit

STATE OF ILLINOIS)
COUNTY OF COOK)

Shirley Newbury, being duly sworn states that she resides at 2831 Commercial Avenue, in the City of Chicago Heights. That she was acquainted with Lewis C. Newbury, Sr., the deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as follows:

Lots 31 and 32 in the resubdivision of block 10 in Hannah and Keeney's addition to Chicago Heights, a subdivision of part of the southeast 1/4 of section 29 and that part west of railroad lands in section 28, township 35 north, range 14, east of the third principal meridian, in cook county, illinois

**commonly known as: 2831 Commercial Avenue, Chicago Heights, Illinois 60411
p.i.n.: 32-29-420-010**

That the deceased died March 2, 2002, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

That the deceased died:

MAIL TO: JACK BAINBRIDGE
1835 DIXIE HWY.
FLOSSMOOR, IL. 60422

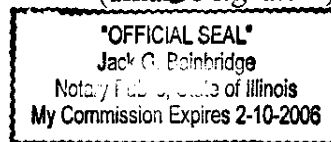
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament, which was filed, in the 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 _____ dollars.

This instrument prepared by: Jack G. Bainbridge, 1835 Dixie Highway, Flossmoor, Illinois 60422

SUBSCRIBED AND SWORN TO
BEFORE ME BY THE SAID
SHIRLEY NEWBURY
THIS 29th DAY OF May, 20 03
Jack G. Bainbridge
Notary Public

Shirley Newbury
(affiant's signature)



REGISTRATION DISTRICT NO. 16.32
REGISTERED NUMBER 1708

UNOFFICIAL MEDICAL CERTIFICATE OF DEATH

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

1. DECEASED-NAME FIRST MIDDLE LAST LEWIS C NEWBURY SR		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) MARCH 2, 2002
4. COUNTY OF DEATH COOK		AGE-LAST BIRTHDAY (YRS) 5a. 71	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. May 16, 1930
6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO HEIGHTS		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ST JAMES HOSPITAL & HEALTH CENTER	
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Whittington, IL		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	
10. SOCIAL SECURITY NUMBER 352-24-9910		11. USUAL OCCUPATION Foreman	
13a. RESIDENCE (STREET AND NUMBER) 2831 Commercial Ave		13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. So. Chicago Hts.	
13e. STATE Illinois		13f. ZIP CODE 60411	
14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	

A DECEASED

B

C

D

E

PARENTS

15. FATHER-NAME FIRST MIDDLE LAST Richard Newbury		16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Lillie Klinker	
17a. INFORMANT'S NAME (TYPE OR PRINT) Shirley Newbury		17b. RELATIONSHIP Wife	
17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 2831 Commercial Ave So. Chicago Hts, IL 60411			

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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.

Immediate Cause (Final disease or condition resulting in death) → (a) **CORONARY ARTERY DISEASE**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) **CONGESTIVE HEART FAILURE**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. **CHRONIC ATRIAL FIBRILLATION**

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N

P

CERTIFIER

20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		19a. AUTOPSY (YES/NO) NO		19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 2/6/2002		21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES		21c. HOUR OF DEATH 08:34 A. M.			
22a. SIGNATURE <i>S. Waiker</i>		22b. DATE SIGNED (MONTH, DAY, YEAR) 3/4/02		22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Dr. S. Waiker 4511 Sauk Trail Richton Park, IL 60471		22d. ILLINOIS LICENSE NUMBER 036053093	
23. 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.			

DISPOSITION

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		24b. CEMETERY OR CREMATORY-NAME Evergreen Hill Cem.		24c. LOCATION CITY OR TOWN STATE Steger, IL		24d. DATE (MONTH, DAY, YEAR) March 5, 2002	
25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Steger Memorial Chapel 3045 Chicago Rd. Steger, IL 60475		25b. FUNERAL DIRECTOR'S SIGNATURE <i>Rachel M. Vega</i>		25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015590			
26a. LOCAL REGISTRAR'S SIGNATURE <i>Rachel M. Vega</i>				26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) March 4 2002			

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: MAR 04 2002

SIGNED: *Rachel M. Vega*

AT: CHICAGO HEIGHTS, IL 60411

TITLE: LOCAL REGISTRAR