

Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 08/08/2003 03:11 PM Pg: 1 of 3

DECEASED JOINT TENANT AFFIDAVIT

State of ILLINOIS)
) ss
County of _____)

Dorothy L Collins and Shannon T Collins, being duly sworn that they own 17157 Yates Ave, South Holland, IL. That they were acquainted with Roy L Collins, deceased who, at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

(See Attached)

Commonly known as: 17157 Yates Ave, South Holland, IL
P.I.N. 29-25-210-023-0000

That the deceased died _____, as evidenced by a certified copy of death certificate of the deceased attached hereto.
That the deceased died:

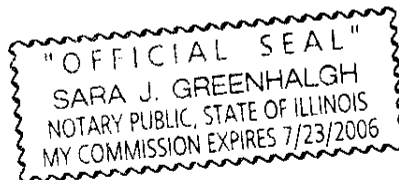
- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven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

Dorothy L Collins
Dorothy L. Collins
Shannon T Collins
Shannon T Collins

Subscribed and sworn to before me by the said Dorothy L Collins and Shannon T Collins, this 29 day of May, 2003

[Signature]
(Notary Public)
Commission Expires: _____



MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
STATE FILE NUMBER
1012858

04 1997

REGISTRATION DISTRICT NO. **1012858**

REGISTERED NUMBER **1012858**

DECEASED NAME **ROY Lee COLLINS** FIRST MIDDLE LAST

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago**

COUNTY OF DEATH **Cook**

AGE LAST BIRTHDAY (YRS) **54**

UNDER 1 YEAR **2** MONTHS **5** DAYS

UNDER 1 DAY **3** HOURS **12** MIN

DATE OF BIRTH (MONTH, DAY, YEAR) **August 4, 1997**

DATE OF DEATH (MONTH, DAY, YEAR) **October 12, 1997**

HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **Mount Sinai Hospital Medical Center**

IF HOSPITAL, PREVIOUS (ST. OR) OPERATIONAL NUMBER (ST. OR) **204**

IF HOSPITAL, PREVIOUS (ST. OR) OPERATIONAL NUMBER (ST. OR) **204**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Ill.**

6b. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Never Married**

8a. MARRIED (SPECIFY) **Never Married**

8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) **Dorothy Pepper**

8c. WAS DECEASED (Y/N) (IF FEMALE, WAS SHE PREGNANT AT DEATH?) **Yes**

9. WAS DECEASED (Y/N) (IF MALE, WAS HE PREGNANT AT DEATH?) **Yes**

10. SOCIAL SECURITY NUMBER **425-82-8136**

11a. USUAL OCCUPATION **Truck Driver**

11b. KIND OF BUSINESS OR INDUSTRY **Freighting Company**

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

13a. RESIDENCE (STREET AND NUMBER) **17157 So. Yates**

13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **So. Holland**

13c. INSIDE CITY **Yes**

13d. COUNTY **Cook**

13a. STATE **Illinois**

13b. ZIP CODE **60473**

13c. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **Black**

14a. OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY) **Yes**

14b. IDPO YES NO

14c. SPECIFY: **Middle**

FATHER NAME FIRST MIDDLE LAST **Clifton Collins**

MOTHER NAME FIRST MIDDLE LAST **Ches Tindal Perkins**

15. INFORMANT'S NAME (TYPE OR PRINT) **Mercedes Garcia**

17a. RELATIONSHIP **Clerk**

17b. Mailing Address (Street and No. or P.O. Box, City, Town, State, Zip) **17c. 1500 S. Fairview Chicago, IL 60608**

18. PART I: Immediate Cause (Final disease or condition resulting in death)

19a. **Progressive Emaciation**

19b. **Metastatic Pancreatic Carcinoma**

19c. **2 weeks**

19d. **2 years**

19e. **2 weeks**

19f. **2 years**

20a. DATE OF OPERATION, IF ANY **7/12/95**

20b. MAJOR FINDINGS OF OPERATION **Metastatic Carcinoma**

20c. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **Yes**

20d. HOUR OF DEATH **1140**

20e. DATE SIGNED **8/5/97**

20f. MONTH, DAY, YEAR **4 M**

20g. ILLINOIS LICENSE NUMBER **36-45642**

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21b. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN REGISTRAR) (TYPE OR PRINT) **Dr. Robert W. Levin**

21c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **1500 S. Fairview Chicago, IL 60608**

21d. ILLINOIS LICENSE NUMBER **36-45642**

21e. DATE SIGNED **8/5/97**

21f. MONTH, DAY, YEAR **4 M**

22a. SIGNATURE OF CERTIFIER **Robert W. Levin**

22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **1500 S. Fairview Chicago, IL 60608**

22c. ILLINOIS LICENSE NUMBER **36-45642**

22d. DATE SIGNED **8/5/97**

22e. MONTH, DAY, YEAR **4 M**

23. BUREL, CREMATION, REMOVAL (SPECIFY) **24b. MT. Hope Cemetery Chicago Ill.**

24a. Burial **24c. Chicago Ill.**

24b. STREET AND NUMBER OR R.F.D. **6217 So. Ashland Ave**

24c. CITY OR TOWN **Chicago Ill.**

24d. STATE **Ill.**

24e. DATE (MONTH, DAY, YEAR) **24 Aug. 12, 1997**

25a. FUNERAL HOME **Burton Funerals Home**

25b. FUNERAL DIRECTOR'S SIGNATURE **Edward J. Deatt**

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **034-01218C**

25d. LOCAL REGISTRAR'S SIGNATURE **Edward J. Deatt**

25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **Aug 6 1997**

26a. LOCAL REGISTRAR'S SIGNATURE **Edward J. Deatt**

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **Aug 6 1997**

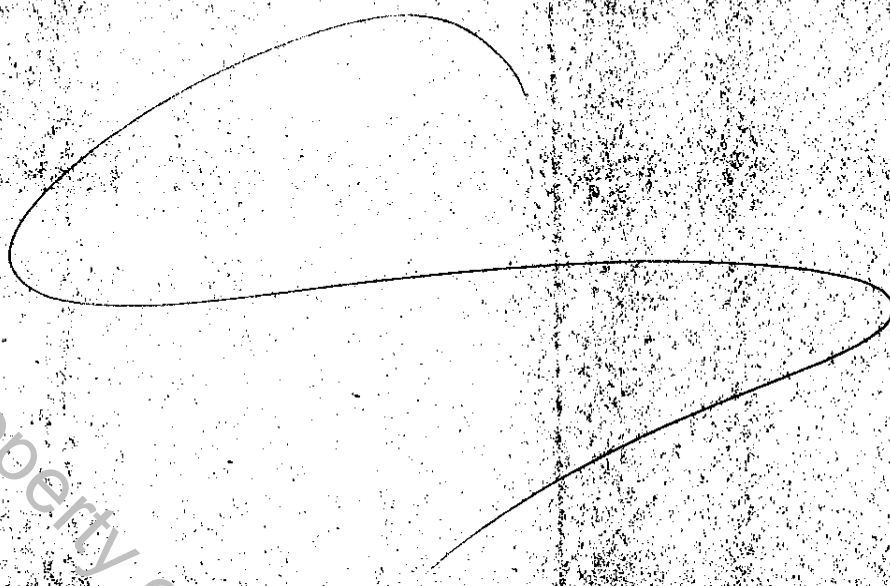
STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

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4. The land referred to in this commitment is located in the County of **COOK**, State of **Illinois** and is described as follows:
Lot 23 in Huguelets' 9th Addition to South Holland, a subdivision of part of the Northwest 1/4 of the Northwest 1/4 Section 25, Township 36, Range 14 East Third Principal Meridian in Cook County, Illinois.

RETURN MAIL TO:

DOROTHY L. COLLINS
17157 YATES AV.
SOUTH HOLLAND, IL 60473

