

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)



Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 06/24/2003 01:45 PM Pg: 1 of 2

BETTY J. RICHMOND hereinafter referred to as the affiant deposes and states that the affiant resides at 15336 Maple Lane, in Markham, Illinois 60426

That the decedent, LOLA M. JONES at the time of her death was one of the owners of the property in Cook County, Illinois, legally described as follows:

THE WEST HALF OF LOT 12 IN BLOCK 2 IN A.T. MCINTOSH & COMPANY'S MIDLOTHIAN GARDENS BEING A SUBDIVISION OF THAT PART NORTH OF CENTER LINE OF PUBLIC ROAD OF EAST HALF OF WEST HALF OF NORTHEAST QUARTER OF SECTION 3, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN.

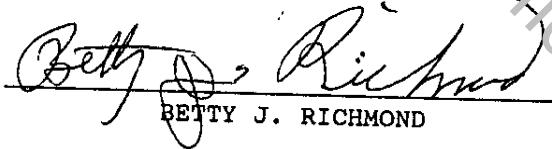
PIN: 28-03-202-025

Property Address: 4214 Midlothian Turnpike, Crestwood, Illinois 60482

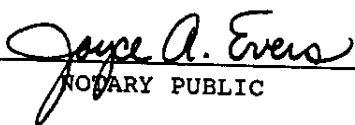
That the decedent LOLA M. JONES, died on October 10, 1992 leaving no Will and Testament;

That the total value of the estate of said decedent including his taxable interest in the above real estate was \$ 0

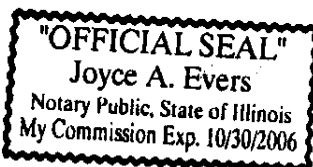
That the Illinois Inheritance Tax and the Federal Estate Tax, if any, was due from the decedent's estate, has been paid in full.


BETTY J. RICHMOND

Sworn and Subscribed to before this 13th day of June, 2003, a Notary Public in and for said State and County


NOTARY PUBLIC

MAIL TO: MARY FRANCES HILL
12400 S. Harlem Avenue
Palos Heights, Il 60463



STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

DISTRICT NO. 16-C
 REGISTERED NUMBER

DECEASED-NAME
 LOLA

FIRST

MIDDLE

LAST

DATE OF DEATH (MONTH, DAY, YEAR)
 3. OCTOBER 10, 1992

COUNTY OF DEATH
 COOK

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
 COOK

AGE-LAST BIRTHDAY (YRS)
 5a. 64

UNDER 1 YEAR
 5b. 04

UNDER 1 DAY
 5c. 02

DATE OF BIRTH (MONTH, DAY, YEAR)
 02. SEPTEMBER 1928

6a. HAZEL CREST
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

6b. SOUTH SUBURBAN HOSPITAL
 NAME OF SURVIVING SPOUSE (Maiden Name, if wife)

6c. INPATIENT
 HOSPITAL OR INST. INDICATE D.O.A. OR OTHER, N/A, INPATIENT (SPECIFY)

6d. SEPTEMBER 02, 1928
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7. 346-24-7930
 RESIDENCE (STREET AND NUMBER)

8a. Married
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

8b. Linwood Jones
 KIND OF BUSINESS OR INDUSTRY

8c. 12th
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 13958 LYDIA
 STATE

11a. Homemaker
 USUAL OCCUPATION

11b. Home
 KIND OF BUSINESS OR INDUSTRY

11c. YES
 INSIDE STATE (YES/NO)

13a. L. FRANCIS
 FATHER-NAME

13b. BLACK Am.
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc. (SPECIFY))

13c. YES
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13d. COOK
 COUNTY

15. Zeno
 INFORMANT'S NAME (TYPE OR PRINT)

16. Lavigne, Sr.
 RELATIONSHIP

17c. 1808 S. ORCHARD ST. KEDZIE AVENUE
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)

17d. 60429
 CITY OR TOWN, STATE, ZIP

17a. AVIS BOLTON
 PART I

17b. CARDIOPULMONARY ARREST
 IMMEDIATE CAUSE (final disease or condition resulting in death)

17c. 2 YEARS
 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

17d. ANTIOINE
 LAST

18. PART I

18a. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

18b. CARDIOPULMONARY ARREST

18c. 2 YEARS

19. Fecal Impaction

19a. DATE OF OPERATION, IF ANY

19b. MAJOR FINDINGS OF OPERATION

19c. YES NO

20. 10-9-92
 (10/9/92) DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON

20a. 10-9-92
 MONTH, DAY, YEAR

20b. YES
 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)

20c. NO
 HOUR OF DEATH

21. 07:17 A.M.
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

21a. 07:17 A.M.
 DATE SIGNED (MONTH, DAY, YEAR)

21b. 10-13-92
 ILLINOIS LICENSE NUMBER

21c. 32646
 ILLINOIS LICENSE NUMBER

22. B. HERSE MD
 NAME AND ADDRESS OF CERTIFIER

22a. B. HERSE MD
 NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER)

22b. 15542 S. CICERO AVE. OAK FOREST IL
 TYPE OR PRINT

22c. 60452
 CITY OR TOWN, STATE, ZIP

23. BUNIAL CREMATION
 RITUAL CREMATION, REMOVAL (SPECIFY)

23a. Washington
 CEMETERY OR CREMATORY-NAME

23b. Homewood, Illinois
 LOCATION

23c. Oct. 17, 1992
 DATE (MONTH, DAY, YEAR)

24. W.M. Holt Funeral Home
 FUNERAL HOME

24a. W.M. Holt Funeral Home
 STREET AND NUMBER OR R.F.D.

24b. 175 West 159th Street
 CITY OR TOWN, STATE, ZIP

24c. 60426
 CITY OR TOWN, STATE, ZIP

25. W.M. Holt Funeral Home
 FUNERAL DIRECTOR'S SIGNATURE

25a. W.M. Holt
 FUNERAL DIRECTOR'S SIGNATURE

25b. 10992
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25c. 10992
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

26. SCOTT, MD
 LOCAL REGISTRAR'S SIGNATURE

26a. SCOTT, MD
 LOCAL REGISTRAR'S SIGNATURE

26b. 14/1992
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26c. 14/1992
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

At Cook County Department of Public Health
 Official Title Deputy Registrar
 Signed
 Date JUN 12 1997