

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0325332141
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 09/10/2003 01:56 PM Pg: 1 of 3

STATE OF ILLINOIS]
]]
COUNTY OF]

CHARLIE R. WOLFE being duly
sworn states that I resides at 4159 N KENNETH
CHICAGO IL
in the City of CHICAGO IL

That I was acquainted SAVIE S. WOLFE
deceased who, at the time of
HER death, was one of the owners of the land in
COOK County, Illinois, described as:

P.I.N. 13-15-320-001-0000

That the deceased died Aug. 13. 2003
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
CHARLIE R. WOLFE.
this 10 day of Sept, A.D. 192003.

Zenaida Cerrillo
Notary Public

Charlie R. Wolfe
(affiant signature)



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LOT TWO (2)

In Block Five (5) in Baxter's Subdivision of Irving Park, being 20 acres of the East and of the South Half (1/2) of the Southwest Quarter (1/4) of Section 15, Township 40 North, Range 13, East of the Third Principal Meridian.

Pr 7 13-15-380-001-0000

Charli K Wolfe
4159 N. Kenwood
Chicago IL 60641

Property of Cook County Clerk's Office

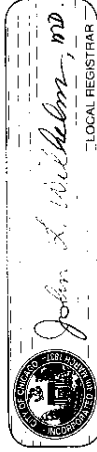
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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 15 2003

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER

DECEASED-NAME: **SADIE WOLFE**

DATE OF DEATH: **3 AUGUST 13, 2003**

SEX: **FEMALE**

DATE OF BIRTH: **3 AUGUST 13, 1931**

CITY OF DEATH: **CHICAGO**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **CHICAGO**

HOSPITAL OR OTHER INSTITUTION-NAME: **OUR LADY OF RESURRECTION HOSPITAL**

NAME OF SURVIVING SPOUSE: **CHARLIE WOLFE**

AGE-LAST BIRTHDAY (YRS): **72**

UNDER 1 YEAR: **5d. MARCH 13, 1931**

UNDER 1 DAY: **5c. DEPT. STORE**

USUAL OCCUPATION: **FILE CLERK**

11a. CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **CHICAGO**

11b. INSIDE CITY (YES/NO): **YES**

11c. SPECIFY: **COOK**

13a. RESIDENCE (STREET AND NUMBER): **4159 N. KENNETH**

13b. RACE: **WHITE**

14a. MOTHER-NAME: **SHEPHERD**

14b. MIDDLE: **MAE**

14c. LAST: **RUFHERFORD**

15. INFORMANT'S NAME (TYPE OR PRINT): **SYLVAN SHEPHERD**

17a. MR. **CHARLIE WOLFE**

17b. HUSBAND

17c. Mailing Address: **17c.4159 N. KENNETH CHICAGO, IL 60641**

18. PART I. Immediate Cause (Final disease or condition resulting in death): **(a) CONGESTIVE HEART FAILURE (b) ACUTE HYPERTENSIVE CORONARY ARTERY DISEASE (c) DUE TO, OR AS A CONSEQUENCE OF**

18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I: **SUPPEN CARDIAC**

20b. MAJOR FINDINGS OF OPERATION: **N/A**

20c. AUTOPSY (YES/NO): **NO**

21a. DATE AND TIME OF DEATH: **AUGUST 5 2003 10:54 A.M.**

21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): **YES**

22a. SIGNATURE OF CERTIFIER: **Morris H. Berenson, M.D.**

22b. NAME AND ADDRESS OF CERTIFIER: **MORRIS H. BERENSON, M.D. 3401 N. CENTRAL AVE.**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: **Felipe Antunes**

23. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **VIRGINIA**

24a. BIRTHAL: **FOREST HOME CEMETERY**

24b. STREET AND NUMBER OF R.F.D.: **FOREST HOME CEMETERY**

24c. LOCATION: **ILLINOIS**

24d. DATE: **AUG. 16, 2003**

25a. FUNERAL HOME: **THEIS-GORSKI FUNERAL HOME 3517-27 N. PULASKI ROAD CHICAGO, ILLINOIS 60641**

25b. LOCAL REGISTRAR'S SIGNATURE: **John L. Wilhelm, M.D.**

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **034-015588**

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **AUG 15 2003**