

UNOFFICIAL COPY



Doc#: 0327711112
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 10/06/2003 10:31 AM Pg: 1 of 2

Affidavit

Death of a Joint Tenant

Recording requested by:
Dean R. Hedeker LTD.
510 Lake Cook Road
Suite 105
Deerfield, Illinois 60015

When Recorded Mail to:
Dean R. Hedeker, Ltd.
510 Lake Cook Road, Suite 105
Deerfield, Illinois 60015

FLOYD D. SMITH, also known as FLOYD D. SMITH, being of legal age, being first duly sworn, deposes and says:

That DIANE SMITH, the decedent mentioned in the attached certified copy of Certificate of Death, is the same person as DIANE SMITH named as one of the parties in that certain Deed, dated June 22, 1976, executed by FLOYD D SMITH and DIANE SMITH and recorded as Document No.21644789, of Official Records in the Office of the County Recorder of Cook, Illinois, describing land therein as:

The East 29 feet of Lot 24 and Lot 25 (except the East 40.75 feet) in Uber's Resubdivision of Block 12 in S. S. Hayes Kelvyn Grove Addition to Chicago, a Resubdivision of the South West of Section 27, Township 40 North, Range 13 East of the Third Principal Meridian, in Cook County, Illinois.

SEE LEGAL DESCRIPTION ON EXHIBIT A ATTACHED HERETO AND BY THIS REFERENCE INCORPORATED HEREIN

Date: 6/16/03

FLOYD D. SMITH

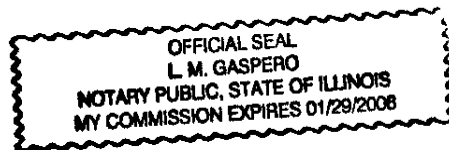
SUBSCRIBED AND SWORN TO before me, the undersigned, a Notary Public in and for said County and State, on 6/16/03.

STATE OF ILLINOIS

)
SS
)

COUNTY OF COOK

Notary Public



S-4
P-2
m-4
xw


UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

NOV 05 2001

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS 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.

 *John L. Wilhelm, M.D.*
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

STATE OF ILLINOIS
541-10-01
MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO.	617313
REGISTERED NUMBER	10-31-01
DECEASED NAME	1. <i>Diane Smith</i>
CITY OF DEATH	3. <i>Female</i>
DATE OF BIRTH	5d. February 17, 1938
AGE - LAST BIRTHDAY	5a. 63
DATE OF BIRTH	5c. <i>10-31-01</i>
CITY, TOWN, TWP OR ROAD DISTRICT NUMBER	6a. <i>Chicago</i>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	6b. <i>Northwestern Memorial hospital</i>
SOCIAL SECURITY NUMBER	10. 320-28-3984
RESIDENCE (STREET AND NUMBER)	11b. <i>Own Home</i>
STATE	13a. <i>IL</i>
FATHER NAME	15. August
MOTHER NAME	14b. <i>X</i> NO <input type="checkbox"/> YES <input type="checkbox"/> SPECIFY: <i>16. Laura Henke</i>
INFORMANT'S NAME (TYPE OR PRINT)	17a. <i>Floyd Smith</i>
RELATIONSHIP	17b. <i>Husband</i>
MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	17c. <i>4704 W. Wrightwood, Chicago IL 60639</i>
Immediate Cause (Final disease or condition resulting in death)	(a) <i>Subdural Hematoma</i>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a)	(b) <i>fall</i>
STATING THE UNDERLYING CAUSE LAST.	(c) <i>Subdural Hematoma</i>
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.	<i>Valvular heart disease and diabetes mellitus</i>
NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY)	19a. <i>No</i>
DATE OF INJURY (MONTH, DAY, YEAR)	20b. <i>9-30-01</i>
HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART OR PART II ITEM 18)	20c. <i>fall</i>
PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)	20f. <i>Kebab center</i>
LOCATION (CITY, VIL, OR TWP, OR RD, DIST. NO., COUNTY, STATE)	20g. <i>Chicago, IL</i>
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	20h. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
IF DECEDENT WAS PRONOUNCED DEAD ON	21b. <i>10-31-01</i>
DATE SIGNED (MONTH, DAY, YEAR)	21c. <i>7-48</i>
CORONER'S PHYSICIAN'S SIGNATURE	<i>E. J. Donoghue, M.D.</i>
CORONER'S NAME (Type or Print)	22b. <i>TAE LYONG AN, M.D.</i>
DATE SIGNED (MONTH, DAY, YEAR)	23b. <i>11-2-01</i>
CEMETERY OR CREMATORIUM NAME	24a. <i>Chapel Hill Gardens</i>
CITY OR TOWN	24c. <i>Oakbrook Terrace, IL</i>
STATE	24d. <i>IL</i>
DATE (MONTH, DAY, YEAR)	24e. <i>Nov. 5, 2001</i>
FUNERAL HOME	25a. <i>Chapel Hill Gardens West Funeral Home Oakbrook Terrace IL 60181</i>
FUNERAL DIRECTOR'S SIGNATURE	25b. <i>David Culbert</i>
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER	25c. <i>034-010876</i>
DATE FILED IN LOCAL REGISTRY (MONTH, DAY, YEAR)	26b. <i>NOV 04 2001</i>