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DECEASED JOINT
TENANCY AFFIDAVIT

Doc#: 0331110117
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 11/07/2003 12:24 PM Pg: 1 of 3

STATE OF ILLINOIS]
]]
COUNTY OF]

X Jesse Williams being duly
sworn states that I resides at 5560 W Adams
in the City of Chicago.

That I was acquainted Marie Williams
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. 16-16-103-0246000

That the deceased died March 20 1992
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
JESSE WILLIAMS

this 7TH day of NOV, A.D. 19 2003

Wanda Geanes
Notary Public

Jesse Williams
(affiant signature)



STATE OF ILLINOIS
County of Cook

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DAVID ORR, County Clerk

NOV 07 2003

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

David Orr
COUNTY CLERK

REGISTRATION DISTRICT NO. **16.10** STATE OF ILLINOIS STATE FILE NUMBER **605535**

MEDICAL CERTIFICATE OF DEATH

DECEASED'S BIRTH NO. REGISTERED NUMBER

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

DECEASED

1. DECEASED NAME FIRST *Marie* MIDDLE *Williams* LAST *Williams* SEX *Female* DATE OF DEATH (MONTH, DAY, YEAR) *March 20, 1992*

2. COUNTY OF DEATH *Cook* AGE - LAST BIRTHDAY (MM/SS) *5a 5a* UNDER 1 YEAR *5b* UNDER 1 DAY *5c* DATE OF BIRTH (MONTH, DAY, YEAR) *October 14, 1939*

3. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER *6a Chicago* HOSPITAL OR OTHER INSTITUTION NAME IF NOT IN OTHER, ONE STREET AND NUMBER *6c Loretta Hospital* IF HOSP. OR INST. INDICATE IF O.A. OPENED, RM. NUMBER (SPECIFY) *6d Inpatient*

4. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) *7 Michigan* MARRIED - NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) *8a Never Married* NAME OF SURVIVING SPOUSE (MARRIED NAME IF WIFE) *8b* HAS DECEASED EVER BEEN ARMED OR FORCED? (YES/NO) *9*

5. SOCIAL SECURITY NUMBER *10 128-715228* USUAL OCCUPATION *11a Clerk* KIND OF BUSINESS OR INDUSTRY *11b Dept. of Public Aid* EDUCATION (SPECIFY TOP HIGHEST GRADE COMPLETED) *12 10TH*

6. RESIDENCE (STREET AND NUMBER) *13a 5546 W. Adams* CITY, TOWN, TWP. OR ROAD DISTRICT NO. *13b Chicago* INSIDE CITY (YES/NO) *13c Yes* COUNTY *13d Cook*

PARENTS

14. FATHER NAME FIRST *Benjamin* MIDDLE *Thompson* LAST *Thompson* MOTHER NAME FIRST *KATE* MIDDLE *MAIDEN* LAST *MAIDEN*

15. INFORMANT (NAME WITH ADDRESS) *17a ANGELA ELLIS* RELATIONSHIP *17b Clerk* MAILING ADDRESS (STREET AND CITY, STATE, ZIP) *17c 645 S CENTRAL AVE. CHICAGO, ILL*

CAUSE

18. IMMEDIATE CAUSE (First disease or condition resulting in death) *18a HEPATIC COMA* DUE TO (OR AS A CONSEQUENCE OF) *18b MILD TO MODERATE ALCOHOL LIVER DISEASE*

19. CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) *19a ALCOHOL LIVER DISEASE* (b) *19b RESPIRATORY FAILURE* (c) *19c RENAL FAILURE*

20. DATE OF OPERATION, IF ANY *20a NONE* MAJOR PRINCIPALS OF OPERATION *20b NONE*

CERTIFIER

21. SIGNATURE *21a Francisco Guano* NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) *21b 645 S CENTRAL AVE. CHICAGO, ILL 60604*

22. NAME OF ATTENDING PHYSICIAN (OTHER THAN CERTIFIER) (TYPE OR PRINT) *22a*

DISPOSITION

23. BURIAL OR CREMATION (BY WHOM?) *23a CREMATION* NAME *23b Oakridge* ADDRESS (STREET AND CITY, STATE, ZIP) *23c Hillside, IL 60538* DATE (MONTH, DAY, YEAR) *23d March 26, 1992*

24. FUNERAL HOME'S SIGNATURE *24a A.A. RAJNER & SONS* ADDRESS (STREET AND CITY, STATE, ZIP) *24b 5911 West Madison Chicago Illinois 60644*

25. STATE HEALTH DEPARTMENT'S SIGNATURE *25a* NAME *25b* ADDRESS (STREET AND CITY, STATE, ZIP) *25c 034-011784*

26. STATE HEALTH DEPARTMENT'S SIGNATURE *26a* NAME *26b* ADDRESS (STREET AND CITY, STATE, ZIP) *26c MAR 21 1992*

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AREA	SUB-AREA	BLOCK	PARCEL	CODE	BARCODE	TAX	STAX	STAX	STAX
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OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME 

564

AREA SUB-AREA BLOCK PARCEL TAX CODE
 16-16-103-24 7701
 SCHOOL TRS SUB 16 39 13
 PT N OF RR) W H & E S BUSHS
 SUB L 153 &

154
7

AREA	SUB-AREA	BLOCK	PARCEL	TAX	WARRANT	STAX	FIRST	SECOND	THIRD
40	41	42	43	44	45	46	47	48	49
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

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