

Comm  
Title 5

# UNOFFICIAL COPY

## AFFIDAVIT RE DECEASED JOINT TENANT



PIN: 25-10-405-045-0000

PROPERTY ADDRESS: 10025 S. St. Lawrence, Chicago, IL

Doc#: 0400244179  
Eugene "Gene" Moore Fee: \$46.00  
Cook County Recorder of Deeds  
Date: 01/02/2004 02:08 PM Pg: 1 of 2

I, Jo Ann Wheeler, on oath state:

1. That I reside at 10025 S. St. Lawrence, Chicago, IL 60628;
2. That I was acquainted with Henry Wheeler, who died on January 16, 1998, as evidenced by the attached certified copy of death certificate;
3. That said decedent was one of the owners of land described in the following legal description:

The South 27 feet of Lot 1110 in Frederick H. Bartlett's Greater Chicago Subdivision No. 1 being a Subdivision of all of the East 1/2 of the Southwest 1/4 of Section 10, Township 37 North, Range 14, East of the Third Principal Meridian and all of that part of the Southeast 1/4 of Section 10 lying West and adjoining the Illinois Central Railroad Right of Way (except therefrom the North 33.277 acres thereof) in Cook County, Illinois

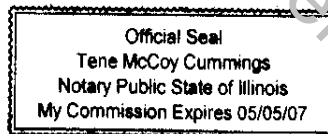
4. That Decedent died without a will.

*Jo Ann Wheeler*  
\_\_\_\_\_  
Jo Ann Wheeler

2

STATE OF ILLINOIS

COUNTY OF COOK



SUBSCRIBED & SWORN to before me by the said this 19 day of December, 2003.

*Tene McCoy Cummings*  
\_\_\_\_\_  
Notary Public

Prepared by / Mail to:

Tene McCoy Cummings  
Attorney at Law  
UAW-Ford Legal Services Plan  
1579 Huntington Drive  
Calumet City, IL 60409  
(708) 868-7520

MGR Title

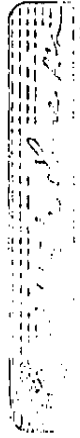
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## CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

JAN 21 1998

THE ILLINOIS HEALTH DEPARTMENT, LOCAL HEALTH DISTRICT 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 PURSUANCE OF SAID LAWS AND ORDINANCES.



THIS CERTIFIED COPY VALID WHEN  
MULTICOLORED SIGNATURE SEAL IS  
ATTACHED.

REGISTRATION DISTRICT NO. **16.10**  
 REGISTERED NUMBER **# 384 Jan 98**  
 DECEASED - NAME **Henry Wheeler** SEX **Male** DATE OF DEATH (MONTH, DAY, YEAR) **Jan. 16, 1998**

CITY OF DEATH **Cook** UNDER 1 YEAR **5b** UNDER 1 DAY **5c** DATE OF BIRTH (MONTH, DAY, YEAR) **5d January 28, 1936**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (PRINT) WHETHER OF THE STREET AND NUMBER **South Shore Hospital**

6a **Chicago** NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE) **Beilo Pender**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Chicago, Ill** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **88a Married**

SOCIAL SECURITY NUMBER **10. 321-26-2919** USUAL OCCUPATION **Utility**

RESIDENCE STREET AND NUMBER **13a. 10025 S. St. Lawrence** CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Chicago** INSIDE CITY (YES/NO) **12th** COUNTY **13c. Yes**

STATE **Illinois** ZIP CODE **60628** RACE (WHITE, BLACK, AMERICAN INDIAN, HISPANIC) **14b. DE NO** SPECIFY: **14c. Yes**

FATHER - AKA **William Wheeler** MOTHER - AKA **Hattie Keleford** RELATIONSHIP **17b. Wife**

17a. **Jo Wheeler** MAILING ADDRESS (STREET AND NO OR R.F.D. OR BOX NO., STATE ZIP) **17c. 10025 S. St. Lawrence Chgo, Ill.**

18 PART I. Immediate Cause (Final disease or condition resulting in death) **(a) Hypertensive Cardiovascular Disease**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. **(b) DUE TO, OR AS A CONSEQUENCE OF**

19. **Diabetes Mellitus** DUE TO, OR AS A CONSEQUENCE OF

20a. **Wound** DATE OF INJURY (MONTH, DAY, YEAR) **20b. 20-11-98**

20c. **Wound** LOCATION (CITY, V.L.O. TOWNSHIP OR RD. DIST. NO., COUNTY, STATE) **Chicago, Ill.**

21a. **Wound** THE DECEDENT WAS PRODUCED DEAD BY **21b. 21c. 9:20 P. M.**

21d. **Wound** DATE SIGNED **Jan. 16, 1998**

22a. **Wound** CORONER'S SIGNATURE **W. D. [Signature]**

22b. **Wound** CORONER'S NAME (TYPE OR PRINT) **W. D. [Name]**

23a. **Wound** CEMETERY OR CREMATORY - NAME **Worth Illinois**

23b. **Wound** STREET AND NUMBER, R.F.D. **318 E. 71st Street Chicago**

23c. **Wound** CITY OR TOWN **Chicago**

23d. **Wound** STATE **Illinois**

23e. **Wound** DATE (MONTH, DAY, YEAR) **Jan. 22, 1998**

24a. **Wound** FUNERAL HOME **Lincoln Cemetery**

24b. **Wound** NAME **A. A. Rayner & Sons**

24c. **Wound** STREET AND NUMBER, R.F.D. **318 E. 71st Street Chicago**

24d. **Wound** CITY OR TOWN **Chicago**

24e. **Wound** STATE **Illinois**

24f. **Wound** DATE (MONTH, DAY, YEAR) **Jan. 22, 1998**

25a. **Wound** FUNERAL DIRECTOR'S SIGNATURE **A. A. Rayner**

25b. **Wound** FUNERAL DIRECTOR'S NAME (TYPE OR PRINT) **A. A. Rayner**

25c. **Wound** STREET AND NUMBER, R.F.D. **318 E. 71st Street Chicago**

25d. **Wound** CITY OR TOWN **Chicago**

25e. **Wound** STATE **Illinois**

25f. **Wound** DATE (MONTH, DAY, YEAR) **Jan. 22, 1998**

26a. **Wound** LOCAL REGISTRAR'S SIGNATURE **[Signature]**

26b. **Wound** LOCAL REGISTRAR'S NAME (TYPE OR PRINT) **[Name]**

26c. **Wound** STREET AND NUMBER, R.F.D. **318 E. 71st Street Chicago**

26d. **Wound** CITY OR TOWN **Chicago**

26e. **Wound** STATE **Illinois**

26f. **Wound** DATE (MONTH, DAY, YEAR) **Jan. 21, 1998**