

UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS]
]]
COUNTY OF]

KALAYA RATANANIKOM

being duly

sworn states that I resides at 449 N. KIMBALL AVE

in the City of _____

CHICAGO IL 60625

That I was acquainted THAVEE NACHIENGMAI

deceased who, at the time of _____

HIS death, was one of the owners of the land in _____

COOK County, Illinois, described as:



Doc#: 0401334094
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 01/13/2004 12:31 PM Pg: 1 of 3

P.I.N. 13-14-225-014 - 0000

That the deceased died MAY 7, 2003

as evidenced by a certified copy of death certificate of the deceased attached hereto.

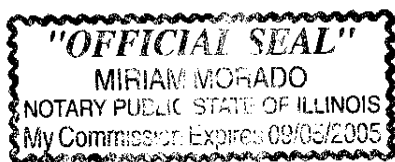
Subscribed and sworn to before me by the said

this 13th day of January, A.D. 2004

Miriam Morado
Notary Public

Kalaya Ratananikom
(affiant signature)

Kalaya Ratananikom



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Legal Description

Lot 27 in Block 4 in northwest land association subdivision of south 665.6 feet of east ½ of northeast ¼ of Section 14, Township 40 North, Range 13, East of The Third Principal Meridian, in Cook County, Illinois.

Tax Number

13-14-225-014

Property Address: 4419 Kimball Avenue
Chicago, ILLINOIS 60625

Property of Cook County Clerk's Office

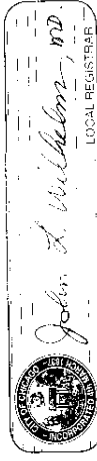
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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

MAY 09 2003

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.



REGISTRATION DISTRICT NO. 10.10
REGISTERED NUMBER 606758

STATE FILE NUMBER 606758

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DECEASED-NAME FIRST MIDDLE LAST THAVEE NACHHENGMAI 2 M
 COUNTY OF DEATH COOK
 DATE OF DEATH (MONTH, DAY, YEAR) 3 MAY 7, 2003
 DATE OF BIRTH (MONTH, DAY, YEAR) 5d July 2, 1933
 SEX M
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) THOREK HOSPITAL & MEDICAL CENTER
 IF HOSP. OR INST. INDICATE D.O.A. OR FEVER IN PATIENT IN PATIENT
 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. NO
 6a. Chicago
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 8b. Ratananikom
 7. Thailand
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. Married
 SOCIAL SECURITY NUMBER 11a. Clerk
 10. 319-68-4297
 RESIDENCE (STREET AND NUMBER) 11b. Warehouse
 13a. 4419 N. Kimball
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Asian
 13b. Illinois
 ZIP CODE 13f. 60625
 FATHER-NAME FIRST MIDDLE LAST Dulkeaw Nachiengmai
 15. Nachiengmai
 RELATIONSHIP 16. Toa
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17a. Ratana Nachiengmai
 17b. Wife
 17c. 4419 N. Kimball, Chicago, IL 60625
 18. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
 Immediate Cause (Final disease or condition resulting in death) (a) MYOCARDIAL INFARCT
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) (b) DUE TO, OR AS A CONSEQUENCE OF
 CAUSE LAST. (c)
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
 MAJOR FINDINGS OF OPERATION 20b.
 DATE OF OPERATION, IF ANY
 20a. (DID) DID NOT ATTEND THE DECEASED AND/LAST SAW HIM/HER ALIVE ON 5-6-03
 HOUR OF DEATH 21c. 03:45 A. M.
 21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
 21b. YES
 22a. SIGNATURE Manjeet Chawla
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) Manjeet Chawla, M.D. 850 W. IRVING PARK RD CHGO. IL 60613
 22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 23. CEMETERY OR CREMATORY-NAME 24c. Chicago, IL
 REMOVAL (SPECIFY) 24b. Graceland
 STREET AND NUMBER OR R.F.D.
 FUNERAL HOME 25a. Nelson Funeral Homes Inc. 5149 N. Ashland, Chicago, IL 60640
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
 25b. 034-010846
 LOCAL REGISTRAR'S SIGNATURE John L. Wilhelm, M.D.
 26a. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) MAY 09 2003
 26b. DATE OF DEATH (MONTH, DAY, YEAR) 24d. May 10, 2003
 STATE IL
 CITY OR TOWN Chicago, IL
 ZIP 60640
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-010846
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. MAY 09 2003

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.