

UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0403450244
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 02/03/2004 02:48 PM Pg: 1 of 2

STATE OF ILLINOIS)
) SS:
COUNTY OF COOK)

JAMES P. COLE, being duly sworn,
upon oath deposes and says:

That he resides at 8416 N. Oketo
Niles, IL 60714 and that
he is one of the parties who took
title, not in tenancy in common, but in
joint tenancy, to real estate situated
in Cook County, Illinois, described
as follows

LOT 10 IN BLOCK 1 IN OLEANDER GARDENS, BEING A
SUBDIVISION IN THE NORTHWEST 1/4 OF SECTION 24,
TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD
PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF,
REGISTERED IN THE OFFICE OF THE REGISTRAR
OF TITLES OF COOK COUNTY, ILLINOIS ON MARCH 28,
1956, AS DOCUMENT NO. 1660003.

ADDRESS: 8416 N. Oketo, Niles, IL 60714

P.I.N. No.: 09-24-208-047-0000

Affiant states that Joann C. Cole, who was one of the
said owners in joint tenancy, died leaving a last
will and testament, on May 2, 2003, a resident of
the City of Niles, County of Cook and State of
Illinois, as is evidenced by the attached copy of the
death certificate of the deceased.

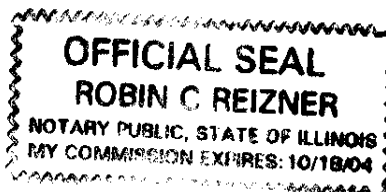
James P. Cole

AFFIANT

Subscribed and sworn to before me
this 23 day of MAY, 2003.

Reitz

Notary Public

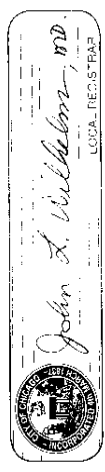


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CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
MAY 05 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.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16.10** STATE FILE NUMBER **606A59**

DECEASED-NAME **JOANN C. COLE** LAST **COLE** SEX **2.FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **3 MAY 2, 2003**

COUNTY OF DEATH **4. COOK** DATE OF BIRTH (MONTH, DAY, YEAR) **5d. MAY 30, 1948**

CITY, TOWN, TWP. OR ROAD/DISTRICT NUMBER **6a. CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **6b. RESURRECTION MEDICAL CENTER** IF HOPE OR INST. INDICATE D.O.A. OPENER (HAI INPATIENT) (SPECIFY) **6c. INPATIENT**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **7. CHICAGO, IL** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **8b. JAMES COLE** WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) **9. NO**

SOCIAL SECURITY NUMBER **10. 351-38-2920** KIND OF BUSINESS OR INDUSTRY **11b. OWN HOME** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12. 2**

RESIDENCE (STREET AND NUMBER) **13a. 8416 N. OKETO** CITY, TOWN, TWP. OR ROAD/DISTRICT NO. **13b. NILES** INSIDE CITY (YES/NO) **13c. YES** COUNTY **13d. COOK**

STATE **13e. ILLINOIS** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **14a. WHITE** OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) **14b. X NO** YES NO YES SPECIFY: **14c. YES**

FATHER-NAME **15. ALBERT AUGUSTYN** RELATIONSHIP **16. ALBINA** MOTHER-NAME **17a. JAMES COLE** MIDDLE **17b. HUSBAND** FIRST **17c. 8416 N. OKETO NILES** LAST **17d. 60714**

INFORMANT'S NAME (TYPE OR PRINT) **18. PART I.** Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) **(a) ACUTE MYELOGENOUS LEUKEMIA** DUE TO, OR AS A CONSEQUENCE OF **(b) DUE TO, OR AS A CONSEQUENCE OF** **(c) DUE TO, OR AS A CONSEQUENCE OF**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. **1.5 YEARS**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY **20a. 20b.** MAJOR FINDINGS OF OPERATION **20c. YES NO**

WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) **21a. MAY 2, 2003** HOURS **7:10** MIN **P.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **21b. NO**

NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **22a. SIGNATURE** **22b. MAY 2, 2003** DATE SIGNED (MONTH, DAY, YEAR)

ILLINOIS LICENSE NUMBER **22c. JULIETA SADOWSKI MD 6109 N. NORTHWEST HWY. CHICAGO, IL**

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **22d. 036-075593**

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY) **23. MARYHILL CEMETERY** LOCATION **24a. BURIAL** CITY OR TOWN **ILLINOIS** STATE **24b. MARYHILL CEMETERY** CITY OR TOWN **ILLINOIS** DATE (MONTH, DAY, YEAR) **24c. MAY 6, 2003**

FUNERAL HOME **25a. MAJEC & SONS FUNERAL HOME 6000 N. MILWAUKEE AVE. CHICAGO ILLINOIS 60646** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **25c. 034-011619**

FUNERAR'S SIGNATURE **WESLEY A. STINICH** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **26a. MAY 05 2003**

LOCAL REGISTRAR'S SIGNATURE **John L. Wilhelm, M.D.** DATE (MONTH, DAY, YEAR) **26b. MAY 05 2003**

REGISTRAR'S SIGNATURE **John L. Wilhelm, MD**

ILLINOIS Department of Public Health—Division of Vital Records
VR200 (Rev. 5/89) (BASED ON 1987 U.S. STANDARD CERTIFICATE)