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Doc#: 0413319066
Eugene "Gene" Moore Fee: \$28.50
Cook County Recorder of Deeds
Date: 05/12/2004 01:50 PM Pg: 1 of 3

AFFIDAVIT AS TO JOINT TENANCY

State of Illinois)
) ss.
County of Cook)

On this 7 day of May, 2004, Affiant

GLORIA J. WOODS being duly sworn on oath swears that the following statements are true and are within the personal knowledge of Affiant:

Affiant GLORIA J. WOODS is the owner of the following property:

Legal Description

LOT 18 IN BLOCK 3 IN JERNBERG'S SUBDIVISION OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 5, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PARCEL NUMBER: 16-05-408-026

COMMONLY KNOWN AS: 1014 N. Mason Avenue, Chicago, Illinois 60651

And that said property was formerly owned as joint tenants, not as tenants by the entireties or as tenants in common by GLORIA J. WOODS & SHIRLEY A. CHOCOLATE and that said: SHIRLEY A. CHOCOLATE (deceased ^{sister} ~~spouse~~) died on the August 23, 2003.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

MAIL TO:
NETCO
415 N. LASALLE
CHICAGO, IL 60610
CHI 367 746

REGISTRATION DISTRICT NO. **16.10**

REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER **612564**

MEDICAL CERTIFICATE OF DEATH

DECEASED-NAME **SIRLEY A. CHOCOLATE** SEX **FEMALE** DATE OF DEATH (MONTH, DAY, YEAR) **8-23-03**

COUNTY OF DEATH **COOK** AGE LAST BIRTHDAY (MOS, DAYS, YRS) **57** DATE OF BIRTH (MONTH, DAY, YEAR) **5-27-46**

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT NUMBER, GIVE STREET AND NUMBER) **1014 N. MASON**

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)

SOCIAL SECURITY NUMBER **1014 N. MASON** USUAL OCCUPATION **LABOR** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)

RESIDENCE (STREET AND NUMBER) **1014 N. MASON** CITY, TOWN, TWP, OR ROAD DISTRICT NO. **CHICAGO** KIND OF BUSINESS OR INDUSTRY **GENERAL** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) **12th** MARSHAL CITY (YES/NO) **YES** COUNTY **COOK**

STATE **ILLINOIS** ZIP CODE **60651** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **BLACK** OF HISPANIC ORIGIN? (SPECIFY) (YES/NO) **YES** SPECIFY: **SM 1TH**

FATHER-NAME FIRST MIDDLE LAST **J.M. DAWSON** MOTHER-NAME FIRST MIDDLE LAST **SARAH**

DECEASED'S NAME (TYPE OR PRINT) **REV. ARION DAWSON** RELATIONSHIP **SON** MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY, TOWN, STATE, ZIP) **128 S. 13th MAYWOOD, ILLINOIS 60153**

18. PART I. Immediate Cause (if final disease or condition resulting in death) **Metastatic Cervical CA**

Enter the diseases or conditions 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.

(a) DUE TO OR AS A CONSEQUENCE OF **22 months**

(b) DUE TO OR AS A CONSEQUENCE OF

(c) DUE TO OR AS A CONSEQUENCE OF

(d) DUE TO OR AS A CONSEQUENCE OF

(e) DUE TO OR AS A CONSEQUENCE OF

(f) DUE TO OR AS A CONSEQUENCE OF

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

DATE OF OPERATION, IF ANY

MAJOR FINDINGS OF OPERATION

20a. DID ANYONE ATTEND TO THE DECEASED AND LAST SAW HIM/HER ALIVE ON **7/27/03**

20b. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE AND PLACE AND UNDER THE CAUSE(S) STATED.

21a. SIGNATURE (TYPE OR PRINT) **John F. Wilhelm, M.D.**

21b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **1036 N. Central Riverdale 036-874 08**

21c. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) (TYPE OR PRINT)

22. ILLINOIS LICENSE NUMBER **036-874 08**

23. BIRTHAL CREMATION, REMOVAL (SPECIFY)

24a. BIRTHAL FUNERAL HOME

24b. CEMETERY OR CREMATORY-NAME

24c. LOCATION

24d. FOREST HOME CEMETERY

24e. FOREST PARK, ILLINOIS

24f. DATE (MONTH, DAY, YEAR) **24 AUGUST 29, 03**

25a. FOUNTAIN JORDAN SHEPARD FH, 418 S. CICERO AVE, CHICAGO, ILLINOIS 60644

25b. LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) **John F. Wilhelm, M.D.**

25c. LOCAL REGISTRAR'S SIGNATURE (TYPE OR PRINT) **John F. Wilhelm, M.D.**

25d. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **AUG 28 2003**

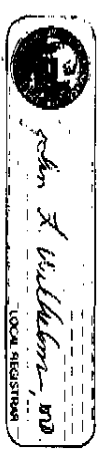
26a. (Rev. 5/89)

26b. (Rev. 5/89)

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

AUG 28 2003

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.



CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

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