UNOFFICIAL COPY

DECEASED JOINT TENANCY AFFIDAVIT

MAIL TO: Robinson, Pluymert, Piercey, Lo MacDonald & Amato, Ltd. 733 Lee Street, Suite 100 Des Plaines IL 60016



Doc#: 0414826256 Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 05/27/2004 03:27 PM Pg: 1 of 2

STATE OF ILLINOIS COUNTY OF COOK

DAVID W. ATKINSON, INDEFENDENT EXECUTOR OF THE ESTATE OF LA VERNE M. ATKINSON, DECEASED
being duly sworn states that he resides co. 506 N. Prospect Manor Avenue, Mount Prospect, IL 60056
That he was acquainted with WILLIAM G. ATKINSON deceased, who at the time of his death was one of the owners of the lands in Cook
County, Illinois described as:
0.5
LOT 7 IN HERZOG'S FIFTH ADDITION TO DES PLAINES, BEING A SUBDIVISION OF PART OF THE SOUTH WEST QUARTER OF
SECTION 7 AND PART OF THE NORTH WEST QUAPITED OF SECTION 18, ALL IN TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE
THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, JULINOIS.
D
Property address: 189 North Warrington, Des Plaines, IL 6001 PIN #: 09-07-306-035-0000
That the deceased died, as evidenced by a cert. fied copy of death certificate of the deceased attached hereto.
and that the son

NAME: DAVID W. ATKIN 3ON, INDEPENDENT EXECUTOR OF THE NE. OKO ESTATE OF LA VERNE M. ATKINSON, DECEASED

Subscribed and sworn to before me by the said DAVID W. ATKINSON, INDEPENDENT EXECUTOR OF THE ESTATE OF LA VERNE M. ATKINSON, DECEASED this 3rd day of May 200 A.

Notary Public

Prepared by and Mail To: Gregory A. MacDonald Robinson, Pluymert, Piercey, MACCOMMESSION EXPRESS 284206 733 Lee Street, Suite 100.

OFFICIAL SEAL **NANCY PANDERSON** NOTARY PUBLIC - STATE OF ILLINOIS

Des Plaines IL 60016

I HEREBY CERTIFY THAT the foreform is a true and confect can of the death record for the decedent named in item i, and that this record was established and filed in my office in accordance with the provision of the Illinois statutes relating to the registration of births, stillbirths and deaths.

DATE: JUNE 11, 2002

SIGNED: Mayny Wall

Official Title, Cook County Department of Public Health Chief Deputy Registrar BURIAL CREMATION, REMOVAL (SPECIFY) 24a. BUL'Lal VR200 (Rev. 5/89) 26a. **▼** FUNERAL DIRECTOR'S SIG 25a, G. L. FUNERAL HOME NAME OF ATTENDING PHISICIAN IF OTHER THAN CERTIFIER NAME AND ADDRESS OF CERTIFIES AND LAST SAW HIMHER ALIVE ON 22a. SIGNATURE TO THE BEST OF MY KNOWLEDGE, DEATH 3. CLARED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED DATE OF OPERATION, IF ANY PART II. Other significant conditions contributing to death but not resulting in this underlying cause given in PART I CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING INFORMANT'S NAME (TYPE OR PRINT) FATHER-NAME SOCIAL SECURITY NUMBER REGISTERED NUMBER RESIDENCE (STREET AND NUMBER) BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 18. PARTI. 13e. Illinois 13a. 189 N. Warrington Rd STATE ZIP CODE 6a Arlington Heights 4. Cook COUNTY OF DEATH REGISTRATION DISTRICT NO. disease or condition DECEASED-NAME mmediate Cause (Final Oak Park, Dr. 353-14-1868 LaVerne Atkinson Frange:, Hills REGISTRAR George Funeral Enter the diseases, or complications that caused the death. Do not enter it is made of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 13f. 60018 246. CEMETERY OR CREMATORY-NAME 0 DUE TO, OR AS A CONSEQUENCE OF <u>ල</u> DUE TO, OR AS A CONSEQUENCE OF T300 on as hom MIDOLE William MAJOR MINDINGS OF C PERATION Ridgewood Cemetery 11a. Owner 8a. Married MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) USUAL OCCUPATION 201 Home, MEDICAL CERTIFICATE Illinois Department Central Rd., 14a. White ソークス AGE-LAST BIRTHDAY 5a. 78 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 745 Graceland (WHITE, BLACK, AMERICAN, etc.) (SPECIFY) Atkinson MIDDLE STREET AND NUMBER OR R.F.D. Manor LAST of Public (TYPE OR PRINT) (YAS) 13b. Des Plaines I 196. Yes I 190. VOUS.

ACK, AMERICAN OF HISPANIC ORIGIN? (SPEC): YNOOR YES IF YES, SPECIFY CUBAN, MEXICAN, PUERTORICAN, 800.) CITY, TOWN, TWP, OR ROAD DISTRICT NO 17bWife RELATIONSHIP Health -- Division of Vital Records MOS DAYS Care Health Service STATE OF ILLINOIS KIND OF BUSINESS OR INDUSTRY NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Arlington Heights, 8 11b. Gas Station Atkinson 24c LOCATION Carcinoma LaVerne Flade Des MOTHER-NAME HINDRY 45 Palakia HOURS MATURICA ADDRESS (STREET AND NO. OFFIFD. CITY OF TOWN, STATE, ZIP) C S O Plaines, Illinois Des CITY OR TOWN EXAMINER NOT 21b. <u>K</u> OF DEATH 2 Plaines, CITY OR TOWN Male Evelyn DATE OF BIRTH (MONTH, DAY, YEAR) 5d. December 16, 1923 Warrington, EDUCATION (* PECIF) ONLY HIGHEST GRADE COMPLETED)
Elementary/Seconds * (for 2) College (1-4 or 5 +) Bladden 26b. DATEFILE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 60005 ö 12 INCIDICITY STATE SPECIFY: 3. June 7, MIDDLE DATE OF DEATH Illinois IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. 22d. 036-043468 ILLINOIS LICENSE NUMBER HOUR OF DEATH (BASED ON 1989 U.S. STANDARD CERTIFICATE) DATE SIGNED Des YES | NO | ALNOO OP TILET, OR INST, INDICATE D.O.A. 6-11-02 WERE AUTOPSY FINDINGS AVAILABLE PRICH TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 196 DATE 24d.June 10, (MONTH, DAY, YEAR) 2:15 Plaines, IL 2007 60016 inpatient Baber (MAIDEN) LAST APPGOXIMATE INTERVAL BETWEEN ONSET AND DEATH ARMED FORCES? (YES:NO (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) Yes 60018 ש 2002 Z