08/12/2004 14:52 FAX 773 581 88 AUG-12-2004 THU 02:05 PM LAWOFFICIAL COPY

08/12/2004 10:41 PAX 775 581 8984

Doc#: 0422939038 Eugene "Gene" Moore Fee: \$28.50 Cook County Recorder of Deeds M Pg: 1 of 3

(affiant signature)

DECRASED JOINT TENANCY AFFIDAVIT	Date: 08/16/2004 12:49 F
1609908.	
; ·	
STATE OF ILLINOIS	
COUNTY OF	
Kevin Carney	being duly
Eworn states that he	resides at 2920 Parnell
	in the City of Chicago
Cook County, Illinois	
	miles and an experience
	ad Shirley Carney, my mother
0,-	deceased who, at the time of her
death, was one of	the owners of the land in 2920 Parnel
Chicago, Cook County, Illinois,	
Edulicy, 18311019,	MAG OF TRUE
4	
	0,
	4h,
P.I.N. 17-28-322-030	
That the decembed died	September 2, 1998
ws evidenced by a certified co	ow of death condificate of the
	4,
deceased attached herato.	
Subscribed and sworn to b	efore me by the said
KEVIH CARNEY	
- ~ #	OST, A.D. 2004
J. J. H. M. C.	V - 1 0 -
Julus & Mª Cless	ed fewrite any

OFFICIAL SEAL RICHARD G MCCURRIE NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. APR. 17,2006

KEVIN CARNEY
2920 S. PARNEII
CHICAGOIJI GOGOLG

Notary Public

0422939038 Page: 2 of 3 ź λRY ATE ò CITY TOWN TWP OR BOADDISTRICT NUMBER COUNTY OF DEATH NUMBER REGISTERED PART II. Oznar syznateání vyz atkons suminbutníg to delaín but not resulting in the undenying cause given in PART I 7 Chicago, Illinois BIRTHPLACE OF AND STATE OF DECEASED NAME STATE RESIDENCE ISTREET AND NUMBER FOREIGN COUNTRY VR202 | Fiev 5 89/ SUICIDE UNDETERMINED SPECIFY 26a. ► FUNERAL HOME 24a CORONER S FUNERAL DIRECTOR 23a ▼ CAUSE LAST REMOVAL ONDITIONS, IF ANY HICH GIVE RISE TO MMEDIATE CAUSE (a) 25b. TATING THE UNDERLYING disease or condition JURY AT WORK ON NO Kevin PART 324-22-4429 ssutting in Death CAMANT S NAME IT YES CRIPHINT mediate Cause (Finai HEH- MANE CREMATION AL SPECIFY, CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND OR HE INQUISITION THIS DEATH OCCURRED ON THE DATE, AT THE PLACE Datcamo 60.000 Buria Joseph CHICKE つ つ つ へ ろ FIRST NYS NAME (Type PLACE OF INJURY AT HOME FARM STREET FACTORY OFFICE BUILDING ETC ((SPEC)FY) Carney SHIPLE: 2 Enter the diseases injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or resp. arrest, shock, or heart failure. List only one cause on each line. ZIP CODE 굨 JSE(S) STATED. NER S SIGN 246. CEMETERY OR CREMATORY: NAME 60616 DUE TO OR AS A CONSEQUENCE OF DUE TO: OR AS A CONSEQUENCE OF (a) ē 0 PAR HOLE MIDDLE 62 MARRIED. NEVER MARRIED. WIDOWED DIVORCED (SPECIFY) 470 West 26th Street USUAL OCCUPATION ्र Çlerk Holy Sepulchre HUPERTENENTE hinois Department of Public Health—[DATE OF INJURY IMONTH DAY YEAR! Blatz Divorced RACE (WHITE BLACK AMERICAN INDIAN etc.) (SPECIFY) 6 HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) BIRTHDAY YRS STREET AND NUMBER OR RIFD MIDDLE CALPIN C んぶんじ LAST THANKONG CHIRA, M.D. CITY, TOWN, TWP, OR ROAD DISTRICT NO LOCATION (CITY VIL. OF TOW Y. OR TWP; OR RD DIST. NO. COUNTY, STATE) √Son CARDIO YASCULAR DIECASE JNDER 1 YEAR CARNEY NAME OF SURVIVING SPOUSE (MAIDENNAME, IF WIFE) MOS. KIND OF BUSINESS OF INDUSTRY Stationary Co BUNKE A. 177 168. AST DAYS 24c Worth, LOCATION HOUR LUBIN AUL 20c OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUTRTO FILLAN, etc.) MOTHER-NAME 21b. THE DECEDENT WAS PRONOUNCED DEAD ON 45 Chicago, Chickey UNDER 1 DAY × NO J.d.35 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OF TOW' L STATE, ZIP) 7244 W.Archer Σ Nellie CITY OF TOWN SEX ILlinois H DW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN ART I OR PART II, ITEM 18) 20d からなかに 5451700 m Illinois > > > □ YES DATE OF BIRTH (MONTH, DAY, YEAR) FIRST $_{5a}$ June $_{4}$, DUCATION (SPECIFY ONL ementary Segurdary (0-12) CITY OR TOWN FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 26b DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 250 13c. SPECIFY: INSIDE CITY YES NO! DATE OF DEATH (MONTH, DAY, YEAR STATE DATE SIGNED DATE SIGNED 22b. 23b AUTOPSY (YES NO) 19a. NO Statkus Ave MIDOLE 25PT 67 1998 34-010588 \ G\. 35.75 (BASED ON 1989 U.S. STANDARD CERTIFICATE) 60616 1998 YEAR Summit, IL. YHIGHEST GRADE COMPLETED) IF HOSP, ORINST, INDICATE 0 O.A. OP EMER RM, INPATIENT (SPECIFY) 13d COUNTY 63 /1548 WERE AUTOPSY FINDINGS AVAILABLE PRICE TO COMPLETION OF CAUSE OF DEATH? (YES/NO) (MONTH, DAY, YEAR) (MONTH, DAY, YEAR) College (1-4 or 5+) ₂₄Sept. 8, 1998 くらびで DATE 21c. IF FEMALE, WAS THERE A PREG-NANCY IN PAST THREE MONTHS? 205 9 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10.201 (MONTH, DAY, YEAR) YES | NO | 60501 LAST No 2

> OF ILLINOIS AND THE ORDINANCES OF BY VIRTUE OF THE LAWS OF THE STATE SHEET IS A TRUE COPY OF A RECORD ACCOMPANYING CERTIFICATE ON THIS AND DEATHS FOR THE CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

LAWS AND ORDINANCES.

KEPT BY ME IN ORDINANCE OF SAID

THE CITY OF CHICAGO; THAT THE

STATE OF ILLINOIS CITY OF CHICAGO COUNTY OF COOK

ATE DISTRICT NO 16.10

MEDICAL EXAMINER'S - CORONER'S

CERTIFICATE OF DEATH

SEP 08

CERTIFY THAT I AM THE KEEPER OF REGISTRAR OF VITAL STATISTICS OF

THE CITY OF CHICAGO, DO HEREBY

, SLEILA LYNE, RSM, LOCAL

THE RECORDS OF BIRTHS, STILLBIRTHS

MULTICOLOR SIGNATURE SEAL IS THIS CERTIFIED COPY VALID WHEN AFFIXED.

0422939038 Page: 3 of 3

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SCHEDULE "A"

70-01609908

LOT 40 IN BLOCK 1 IN DAVID DAVIS SOUTH ADDITION ERING A SUBDIVISION OF THE SOUTHWAST QUARTER OF THE SOUTHWEST QUARTER (EXCEPT THE EAST 83 FEET THEREOF) OF SECTION 28, TOWNSHIP 39 NORTH, RANGE 14, BAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

TAX IV# 17-28-322-030

A7-28-3.

OPCOOK COUNTY CLOTH'S OFFICE