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DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0423318009
Eugene "Gene" Moore Fee: \$26.50
Cook County Recorder of Deeds
Date: 08/20/2004 08:27 AM Pg: 1 of 2

STATE OF ILLINOIS }
 }
COUNTY OF COOK }

GWENDOLYN PHILLIPS being duly
sworn states that SHE resides at 2505 S. 16th AVE.
BROADVIEW
in the city of BROADVIEW


That SHE was acquainted MARRIED TO
JOHN L. PHILLIPS deceased who, at the time of
HIS death, was one of the owners of the land in
COOK County, Illinois, described as:

2505 S. 16th AVE.
LOT 172 BROADVIEW SEC 22-39-12

P.I.N. 15-22-225-006-0000

That the deceased died SEPTEMBER 10, 1990
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said
Gwendolyn Phillips
this 11 day of August, A.D. 2004



Notary Public

Gwendolyn Phillips
(affiant signature)

After Recording Return to:

5-11
P-3
M
5/11

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Certified Copy of a Death Record

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO <u>16.92</u>	STATE OF ILLINOIS				STATE FILE NUMBER
	REGISTERED NUMBER <u>1323</u>	MEDICAL CERTIFICATE OF DEATH				
<i>Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS</i>	DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)		
	1 <u>John L. Phillips</u>		2 <u>Male</u>	3 <u>September 10, 1990</u>		
A	COUNTY OF DEATH	AGE LAST BIRTHDAY (YRS) 5a <u>67</u>	UNDER 1 YEAR 5b MOS DAYS	UNDER 1 DAY 5c HOURS MIN	DATE OF BIRTH (MONTH DAY YEAR) 5d <u>DECEMBER 27, 1922</u>	
	4 <u>COOK</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a <u>BROADVIEW</u>			HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) 6b <u>2505 SOUTH 16th AVENUE</u>	
B	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7 <u>MOPANN, PA.</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a <u>MARRIED</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b <u>GWEN HUNTER</u>		IF DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9 <u>YES</u>	
	SOCIAL SECURITY NUMBER 10 <u>187-11-2608</u>	USUAL OCCUPATION 11a <u>INSPECTOR</u>	KIND OF BUSINESS OR INDUSTRY 11b <u>GEAR MFG.</u>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12 <u>12</u>		
C	RESIDENCE (STREET AND NUMBER) 13a <u>2505 SOUTH 16th AVENUE</u>		CITY, TOWN, OR ROAD DISTRICT NO 13b <u>BROADVIEW</u>	INSIDE CITY (Y/N) 13c <u>YES</u>	COUNTY 13d <u>COOK</u>	
	STATE 13a <u>ILLINOIS</u>	ZIP CODE 13c <u>60153</u>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a <u>WHITE</u>	OF HISPANIC ORIGIN? (SPECIFY YES OR NO) 14b <u>NO</u> IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.		
D	FATHER-NAME FIRST MIDDLE LAST 15 <u>STEPHEN PHILLIPS</u>	MOTHER-NAME FIRST MIDDLE LAST 16 <u>MARY CUCHDA</u>				
	INFORMANT'S NAME (TYPE OR PRINT) 17a <u>Kathryn Brown Details Clerk</u>		RELATIONSHIP 17b <u>Hospital Records</u>	MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP) 17c <u>Veterans Administration Hospital</u>		
E	18 PART I. Enter the diseases, injuries, or complications that caused or contributed to 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. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	Immediate Cause (Final disease or condition resulting in death) <u>Squamous Cell Carcinoma of Esophagus</u>	(a) DUE TO, OR AS A CONSEQUENCE OF			Unknown	
CAUSE	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.					
	(b) DUE TO, OR AS A CONSEQUENCE OF					
4	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
					AUTOPSY (YES/NO) 19a <u>No</u> WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b <u>—</u>	
5	DATE OF OPERATION, IF ANY 20a	MAJOR FINDINGS OF OPERATION 20b		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c <u>YES</u> <input type="checkbox"/> <u>NO</u> <input type="checkbox"/>		
	I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON <u>Sept. 4, 1990</u>			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b <u>NO</u>	HOUR OF DEATH 21c <u>2:50 A.M.</u>	
6	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				DATE SIGNED (MONTH, DAY, YEAR)	
	22a. SIGNATURE <u>Heana Sewer</u>	NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c <u>Hines V.A. Hosp Hines, ILLINOIS</u>		ILLINOIS LICENSE NUMBER 22d <u>036-064187</u>		
7	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23				NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED	
	BURIAL, CREMATION, REMOVAL (SPECIFY) 24a <u>BURIAL</u>	CEMETERY OR CREMATORY-NAME 24b <u>FOREST HOME</u>	LOCATION CITY OR TOWN STATE 24c <u>FOREST PARK, ILLINOIS</u>	DATE (MONTH, DAY, YEAR) 24d <u>SEPT 13 1990</u>		
DISPOSITION	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP					
	25a <u>BROADVIEW FUNERAL HOME 2020 ROOSEVELT RD BROADVIEW, ILLINOIS 60153</u>					
8	FUNERAL DIRECTOR'S SIGNATURE 25b <u>John R. Kluzak</u>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c <u>7229</u>			
	LOCAL REGISTRAR'S SIGNATURE 26a <u>Richard J. Bell</u>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b <u>September 12, 1990</u>			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE SEP 12 1990 SIGNED Richard J. Bell

AT Broadview, Il, 60153 Illinois OFFICIAL TITLE Local Registrar of Vital Statistics

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence of the facts therein stated.