

UNOFFICIAL COPY

STATE OF ILLINOIS)

COUNTY OF COOK)

ST5063724/24073894 J info
DECEASED JOINT TENANCY
AFFIDAVIT



Doc#: 0426404072
Eugene "Gene" Moore Fee: \$28.00
Cook County Recorder of Deeds
Date: 09/20/2004 10:38 AM Pg: 1 of 3

For Recorder Use Only

NAIYER J. RAFATHULLAH,

hereinafter referred to as the affiant,

states under oath that the affiant resides at 6116 N. Damen # GA, in the city of Chicago, Illinois; that the affiant was acquainted with MOHAMMED RAFATHULLAH, the decedent; that at the time of death, the decedent was one of the owners of the property, by virtue of properly recorded joint tenancy warranty deed, said property located in Cook County, Illinois, and legally described as follows: *(See reverse side for legal description)*

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest therein or the creation of interests to take effect in possession or enjoyment after death;

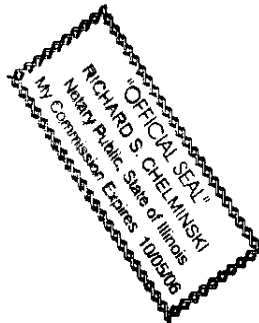
That the decedent died on July 9th, 2004, leaving no last will and testament;

That the total value of decedent's estate, including the taxable interest in the above property was \$ 70,000.00; and

That the value of the above property individually was \$ 70,000.00

Naiyer J. Rafathullah (Seal)

Subscribed and Sworn to before me
this 16 day of August, 2004
[Signature]
Notary Public



BOX 333-CT

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LEGAL DESCRIPTION:

PARCEL 1:

UNIT 'A', BUILDING CT-4, IN THE NORWOOD COURTS CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

THE NORTH 3 FEET OF LOTS 1 AND 6 AND ALL OF LOTS 2 TO 5 IN NORWOOD COURTS SUBDIVISION OF PART OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF SECTION 6, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN; WHICH SURVEY IS ATTACHED AS EXHIBIT 'A' TO THE DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25211651, TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN COOK COUNTY, ILLINOIS.

PARCEL 2:

EASEMENTS FOR INGRESS AND EGRESS FOR THE BENEFIT OF PARCEL 1 AS SET FORTH IN INSTRUMENTS RECORDED AS DOCUMENTS 15929348 AND 15957209 AND IN DECLARATION OF CONDOMINIUM RECORDED AS DOCUMENT 25211651, IN COOK COUNTY, ILLINOIS.

P. I. N. #14-06-121-011-1089

ADDRESS OF REAL ESTATE: 6116 N. DAMEN # GA, CHICAGO, ILLINOIS 60659

PREPARED BY:

Richard S. Chelminski
5521 N. Cumberland # 1109
Chicago, Illinois 60656

MAIL TO:

Richard S. Chelminski
5521 N. Cumberland # 1109
Chicago, Illinois 60656

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 11622

STATE OF ILLINOIS

STATE FILE NUMBER

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MEDICAL CERTIFICATE OF DEATH

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

1. DECEASED NAME FIRST MIDDLE LAST Mohammed Rafathullah 2. SEX Male 3. DATE OF DEATH (MONTH, DAY, YEAR) July 9, 2004

4. COUNTY OF DEATH Cook 5a. AGE—LAST BIRTHDAY (YRS) 55 5b. UNDER 1 YEAR MOS. 55 5c. UNDER 1 DAY HOURS 28 MIN. 19 5d. DATE OF BIRTH (MONTH, DAY, YEAR) December 28 1948

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER EVANSTON 6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St. Francis Hospital 6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) EMER

7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) India 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) MARRIED 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) NANKEE SEHAN 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) NO

10. SOCIAL SECURITY NUMBER 336-90-2030 11a. USUAL OCCUPATION Retired Cab 11b. KIND OF BUSINESS OR INDUSTRY AIRLINES 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 4 College (14 or 5+) 4

13a. RESIDENCE (STREET AND NUMBER) 6116 N. DAMEN 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. CHICAGO 13c. INSIDE CITY (YES/NO) yes 13d. COUNTY COOK

13e. STATE IL 13f. ZIP CODE 60659 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) ASIAN 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) NO

15. FATHER'S NAME FIRST MIDDLE LAST Mohammed FAZLULLAH 16. MOTHER'S NAME FIRST MIDDLE LAST (MAIDEN) Mehboob BEGUM

17a. INFORMANT'S NAME (TYPE OR PRINT) Kabir Ahmed 17b. RELATIONSHIP Son 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 6116 N. DAMEN CHICAGO IL

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, shock, or heart failure. List only one cause on each line. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) Acute Myocardial Infarction minutes
(b) Coronary artery Disease years
(c) Diabetes Mellitus

19a. AUTOPSY (YES/NO) NO 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION 20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES NO

21a. I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 7-6-04 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) YES 21c. HOUR OF DEATH 1 A.M.

22a. SIGNATURE Abdul Rabb 22b. DATE SIGNED (MONTH, DAY, YEAR) 07-09-04

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) ABDUL SATTAR MD 4646 N MARINE BL CHICAGO 60640 22d. ILLINOIS LICENSE NUMBER 036-045353

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) Abdul Rabb NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 24b. CEMETERY OR CREMATORY NAME Rose Hill 24c. LOCATION, CITY OR TOWN, STATE CHICAGO, IL 24d. DATE (MONTH, DAY, YEAR) 7-18-2004

25a. FUNERAL HOME NAME Arab. Ent. 25b. STREET AND NUMBER OR R.F.D., CITY OR TOWN, STATE, ZIP 3314 N. HUMPHREY, CHICAGO, IL 60641

25c. FUNERAL DIRECTOR'S SIGNATURE Abdul Rabb 25d. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-009200

26a. LOCAL REGISTRAR'S SIGNATURE Jay W. Terry 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) July 14, 2004

A DECEASED

B

C

D

E

PARENTS

1

2

3

CAUSE

4

5

N

P

CERTIFIER

DISPOSITION

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 JULY 14, 2004 SIGNED Jay W. Terry
AT EVANSTON Illinois OFFICIAL TITLE LOCAL REGISTRAR

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 the certification of a death record by the Department of Public Health, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.