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DECRASED JOINT TENANCY AFFIDAVIT



Doc#: 0426439099 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 09/20/2004 01:39 PM Pg: 1 of 2

STATE; OF ILLINOIS
COUNTY OF
DONAID DAVIS being duly
sworn states that
T/1/1016 60(119
That he was acquainted To ANN KING
deceased who, at the time of
Men death, was one of the owners of the land in
County, Illinois described as: 14632 Kumhana Daltou To
LOT 19, IN Block 7 IN CALHARDOY RESUBDIVISION OF PARTS OF BLOCK IND WILL.
IN She pands MICHIGAN AVENUE NO. 3 BEING A SUBDIVISION OF PART OF THE NORTH YUAND PART OF THE NORTHEAST 14 OF The Subdivision OF THE NORTHWEST 14 ALL IN SECTION
TOWNShip 36 NORTH, RANGE IL EAST NO THE THIRD Dring PAL MERING
Township 36 North, RANGE 14, EAST OF The Third Principal Meridian recording To The Plat There OF Recorded AS DOCUMENT NO. 360792 in
P.I.N. 29 - 11-201-056-0001
That the deceased died,
0.
as evidenced by a certified copy of death certificate of the
deceased attached hereto.
Subscribed and sworn to before me by the said
DONALD DAVIS
this 8 day of September, A.D. 19 2004
Corne Milser Gord Dans
Notary Public (affiant signature)
OFFICIAL SEAL 14632 KIM HARN
CONNIE NELSON NOTARY PUBLIC STATE OF ILLINOIS MY COMMISSION EXP. APR 23 2005

HARVEY, ILLINOIS DISTRICT 16.34

DECEDENT'S BIRTH NO.	REGISTRATION	STATE OF ILLINOIS STATE FILE					
	DISTRICT NO. 16.34					STATE FILE W NUMBER	
	REGISTERED NUMBER	MEDICAL C	ERTIFICATE	OF DEAT	Ή		
Type or Print in PERMANENT INK	DECEASED-NAME	IRST MIDDLE	LAST	SEX D	ATE OF DEATH	(MONTH, DAY, YEAR)	
See Funeral Directors, Hospital, or Physicians	1. ANN		KING	1	APRIL 3	. 3	
Handbook for INSTRUCTIONS	COUNTY OF DEATH AGE-LAST BIRTHOAY (YRS) BIRTHOAY (YRS) Sa. 68 5b. 5c. 5d. AUGUST 4 1935						
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER HOSPITA		OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUM			MBER) IF HOSP, OR INST, INDICATE D.O.A. OP/EMER. RM, INPATIENT (SPECIFY)	
Α	6a. HARVEY	6b INGALLS	HOSPITAL		60	EMER RM	
DECKASED	BIRTHPLACE (CITYAND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOU	SE (MAIDEN NAME, IF WIF	E)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NOT	
	7.TICNALL GA SOCIAL SECURITY NUMBER	8a. DI VONSED	8b. KIND OF BUSINESS OR INDU	i landa			
8		1	-	JSTHY EDUCATION Elementary/Sec	(SPECIFY ONLY HIG condary (0-12)	GHEST GRADE COMPLETED) College (1-4 or 5 +)	
5	10.177-46-2809 RESIDENCE (STREET AND NUMBER)		11b. FACTOIZY TOWN, TWP, OR ROAD DISTR	12. / c		OUNTY TRINC	
E	19a 14632 KIM	BANK 13b.	DOLTON	(YES	YES 13	3d. COOK	
	TITE ZIPCOI	DE RACE (WHITE, BLACK, AI INDIAN, etc.) (SPECIFY) 14a. BLACK	MERICAN OF HISPANIC O		YES-IF YES, SPECIFY: ECIFY:	CUBAN, MEXICAN, PUERTO RICAN, etc.	
PARENTS	FATH FR- JAME FIRST	MIDDLE LAST	MOTHER-NAM		MIDOLE	(MAIDEN) LAST	
PANENTS	15. HENRY	LATTIMOR	E 16.	JINIE	MAE	BELL	
1	INFORMANTS IAME COMPRINT MAYBLEINE GIG 17a.	GERS H	ELATIONSHIP MAILING OSPITAL 75. RECORDS 17c.	ADDRESS (STREET AND 5841 SOUT CHICAGO,	MARYLA	or town state, zip) ND 60637	
2	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.						
3							
	disease or condition resulting in death) CONDITIONS, IF ANY WHICH GIVE RISE TO (b) yet olic and chiastolic dysfunctions						
	CONDITIONS, IF ANY (b) yestalic and chartolic dysfunctions						
CAUSE		ETO, ORASTO LONS TQUENCE OF		<u> </u>			
4	PART II. Other significant conditions contrib		ouse green in PART I.		AUTOPSY I	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
5					······································	COMPLETION OF CAUSE OF DEATH7 (YES NO)	
N	DATE OF OPERATION, IF ANY	MAJOR FINDINGS OF OPEP (TIO)	/		IF FEMALE, W	VAS THERE A PREGNANCY IN PAST	
Р	THREEMONTHS? 20b. 20c. YES NO						
	I (DID) (DID NOT) ATTEMOTHE DECEA AND LAST SAW HIM (HEB ALIVE ON	SED (MONTH, DAY, YEAR)		WAS CORONER OR ME	DICAL THOUROP		
	21a.	JANUARI 9, 200	† () .	21b.	21c.	4:02 P M.	
	TO THE BEST OF MY KNOWLEDGE, D	EATH OCCURRED AT THE TIME, DATI	AND PLACE AND DUE TO THE	CAUSE(S) STATED.	DATESIO		
CERTIFIER	22a. SIGNATURE ▶	atrica lu	3x/ 10		220.	MAY 5, 2004	
SCIATION EN	NAME AND ADDRESS OF CERTIFIER	(TYPE OR PRINT)	5841 SOUTH MA.KY	TLAND	ILLINOIS	LICENSE NUMBER	
PATRICIA KURTZ, MD CHICAGO, ILL NOIS 60637 22d. 036-057							
	NAME OF ATTENDING PHYSICIAN IF O	FOTHER THAN CERTIFIER (TYPE OR PRINT)			DEATHTH	N INJURY WAS INVOLVED IN THIS E CORONER OR MEDICAL EXAMINER	
>	23.	ETERY OF CREMATORY-NAME	Lineario		MUSTBEN	IOTIFIED.	
	REMOVAL (SPECIFY) 24a Burur 24b.	MY HUE	LOCATION 24c WORZ	4.0	rate Liour	DATE (MONTH, DAY, YEAR) 24d. MAY 7 366 C	
DISPOSITION	FUNERAL HOME	NUMBER OR R.F.D.	CITY OF TO AN	STA	2		
	25a. / A Y LOR TUNE	MALHOMELIA 6	3E,79# ST	CHEUD (5		Nois 60619	
Υ,	25b. ► LOCAL REGISTRAR'S SIGNATURE			25c.		01060	
	LOCAL REGISTMAN'S SIGNATURE	11 1	P AM.	DATEFILI	EDBY LOCAL REGIST	HAR (MONTH DAY, YEAR)	

CERTIFIED COPY OF VITAL RECORDS

I HEREBY CERTIFY THAT THE FOREGOING is a true and correct copy of the DEATH record for the individual named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS and DEATHS.

D27681

MAY 1 0 2004 DATE ISSUED

ISSUED AT:

CITY OF HARVEY 15320 SO. BROADWAY AVE. ILLINOIS 60426

This copy not valid unless prepared on engraved border displaying scal and signature of Local Registrar.



(BASED ON 1989 U.S. STANDARD CERTIFICATE)