

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0427439038
Eugene "Gene" Moore Fee: \$30.50
Cook County Recorder of Deeds
Date: 09/30/2004 11:24 AM Pg: 1 of 4

STATE OF ILLINOIS]
]]
COUNTY OF]

Jimmie A Cearo

being duly

sworn states that I resides at 13336 S. Calumet
Chicago in the City of _____

That I was acquainted LENA CEARO
deceased who, at the time of _____

HER death, was one of the owners of the land in _____

COOK County, Illinois, described as:

25-34-102-015-0000

P.I.N. 25-34-102-027-0000

That the deceased died May-24-2004

as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

JIMMIE A. CEARO "

this 30TH day of 09, A.D. 19 2004

Wanda Geanes
Notary Public

Jimmie A Cearo
(Affiant signature)

Jimmie A Cearo-11



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David D. Orr

Clerk of Cook County

COUNTY OF COOK MAP DEPARTMENT

Date: 08-27-2004

Calumet

THIS CERTIFIES THAT THE PERMANENT REAL ESTATE INDEX NUMBER KNOWN AS:

25 - 34 - 102 - 027 - 0000

BEARS THE FOLLOWING LEGAL DESCRIPTION:

LOT 7 EXCEPT THE NORTH 17FT THEREOF IN BLOCK 2 IN BOWEN'S RIVERDALE SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 34 TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



Fee: \$5.00

Paul [Signature]

Supervisor of Maps and Plats



*Jimmy Cearo
c/o Pauletta Varnado
4591 Orange Ave #308
Long Beach, Calif. 90807*

Property of Cook County Clerk's Office

UNOFFICIAL COPY

David D. Orr

Clerk of Cook County

COUNTY OF COOK MAP DEPARTMENT

Date: 08-27-2004

2004-08-27

THIS CERTIFIES THAT THE PERMANENT REAL ESTATE INDEX NUMBER KNOWN AS:

25 - 34 - 102 - 015 - 0000 BEARS THE FOLLOWING LEGAL DESCRIPTION:

LOT 8 IN BLOCK 2 IN BOWEN'S RIVERDALE SUBDIVISION OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTH WEST 1/4 OF SECTION 34 TOWNSHIP 37 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.



Fee: \$5.00

Paul L...

Supervisor of Maps and Plats

Property of Cook County Clerk's Office

UNOFFICIAL COPY

THIS RECORD IS VALID FOR DEATH ONLY

4448713

IMPORTANT: 0961824
PRINT or TYPE, black ink
or ribbon mandatory

STATE OF LOUISIANA CERTIFICATE OF DEATH

BIRTH No. _____ FILE No. 117 2004 17 152

1A. LAST NAME OF DECEDENT Cearo		1B. FIRST NAME Lena		1C. MIDDLE NAME Alice		2A. DATE OF DEATH (Month, Day, Year) May 21, 2004	
2B. HOUR OF DEATH 8:27 A.M.		3. SEX Female		4. RACE (Specify White, Black, etc.) Black		5. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) Widowed	
7. DATE OF BIRTH (Month, Day, Year) May 31, 1928		8A. AGE YEARS 75		8B. UNDER 1 YEAR MONTHS _____ DAYS _____		9. BIRTHPLACE (City and State or Foreign Country) Alexandria, LA.	
10. USUAL OCCUPATION (Kind of work done during most of working life. NEVER specify retired) Catering Service		11. KIND OF BUSINESS/INDUSTRY Self Employed		12. OF HISPANIC ORIGIN No			
13. EVER IN U.S. ARMED FORCES? (YES or NO) No		14. SOCIAL SECURITY NUMBER 353-30-0400		15. DECEDENT'S EDUCATION (Specify ONLY HIGHEST grade completed) ELEMENTARY/SECONDARY (9-12) _____ COLLEGE (1-4, 5+) 11			
16A. PLACE OF DEATH (Check ONLY one. If death in NON-LISTED facility, check OTHER and specify on line BELOW.)							
16B. NAME OF FACILITY (If in Facility, give street address or location) Christus St. Frances Cabrini		16C. PLACE OF DEATH IN CITY LIMITS? (YES or NO) yes					
17A. CITY, TOWN OR LOCATION OF DEATH Alexandria		17B. PARISH OF DEATH Rapides		17C. STATE OF RESIDENCE LA			
18A. STREET ADDRESS (If rural specify road or route number or location) 6316 Deerfield		18B. PARISH OF RESIDENCE Rapides		18C. STATE OF RESIDENCE LA		18D. RESIDENCE INSIDE CITY LIMITS? (YES or NO) Yes	
19A. FATHER'S LAST NAME Harvey Sr.		19B. FATHER'S PLACE OF BIRTH Alexandria		19C. STATE LA		19D. MOTHER'S MAIDEN NAME Stafford	
20A. MOTHER'S MAIDEN NAME Stafford		20B. MOTHER'S PLACE OF BIRTH Alexandria		20C. STATE LA		20D. DATE (Month, Day, Year) 05/21/04	
21A. TYPE OR PRINT NAME OF INFORMANT Alice Marie Coleman		21B. INFORMANT'S ADDRESS 5120 Deerfield Dr., Alex, LA 71301		21C. DATE (Month, Day, Year) 05/21/04			
22A. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> OTHER		22B. DATE OF DEATH (Month, Day, Year) 05/29/04		22C. NAME AND LOCATION OF CEMETERY OR CREMATORIUM Holly Oak Cemetery, Pineville, LA			
23A. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR Good Shepherd Funeral Home P.O. Box 10 Alexandria, LA 71309-0010		23B. FACILITY NUMBER 334		23C. LICENSE NUMBER W1331			
24A. BURIAL TRANSIT PERMIT 2004 17 152		24B. PARISH OF ISSUE ORLEANS		24C. DATE OF ISSUE 5-26-04		24D. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>	
25. MANNER OF DEATH 1 <input checked="" type="checkbox"/> NATURAL 2 <input type="checkbox"/> ACCIDENT 3 <input type="checkbox"/> SUICIDE 4 <input type="checkbox"/> HOMICIDE 5 <input type="checkbox"/> PENDING INVESTIGATION 6 <input type="checkbox"/> UNDETERMINED							
26A. DATE OF INJURY (Month, Day, Year)		26B. TIME OF INJURY		26C. INJURY AT WORK (YES or NO)		26D. DESCRIBE HOW INJURY OCCURRED	
27A. PLACE OF INJURY (Specify at home, farm, factory, street, etc.)				27B. LOCATION (Street Number or Rural Route, etc. Parish, State)			
28A. I CERTIFY THAT I ATTENDED THE DECEDENT FROM _____ TO 5/21/04		28B. AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE DUE TO THE CAUSES AND IN THE MANNER SO STATED		28C. SIGNATURE OF PHYSICIAN OR CORONER <i>[Signature]</i>		28D. DATE (Month, Day, Year) 5/21/04	
29A. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER AM P. MAH, M.D.		29B. ADDRESS OF PHYSICIAN OR CORONER Freedman Clinic - Alex, LA					
30. PART I. ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.							
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. Acute Respiratory failure					
Sequentially list conditions, if any, leading to immediate cause		b. Sepsis					
Underlying Cause (Disease or injury that initiated events resulting in death) LAST.		c. Chronic obstructive pulmonary disease with exacerbation					
31. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE IN PART I. <input type="checkbox"/> Tobacco <input checked="" type="checkbox"/> Other SIB Prostate, Pen - tests		32. IF DECEASED WAS FEMALE 18-49, WAS SHE PREGNANT IN THE 90 DAYS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.		33. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Name of decedent for use by physician or institution

DECEDENT

PLACE OF DEATH

RESIDENCE

PARENTS

INFORMANT

DISPOSITION

REGISTRAR

WANNER OF DEATH

CERTIFIER

CAUSE OF DEATH

CORONER NOTIFIED

JUN 30 2004

SEP 7 2004



I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

J. Karen Bran
STATE REGISTRAR