

UNOFFICIAL COPY

DECEASED
JOINT
TENANCY
AFFIDAVIT



Doc#: 0503908037
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 02/08/2005 11:22 AM Pg: 1 of 2

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)

JEAN NELSON (widow of Fred Nelson) **BEING DULY SWORN STATES THAT** she
RESIDES AT 9211 S. Peoria Ave. IN THE CITY OF Chicago, Cook County,
Illinois 60620.

THAT SHE WAS ACQUAINTED WITH FRED NELSON
DECEASED, WHO, AT THE TIME OF HIS DEATH, WAS ONE OF THE OWNERS OF
THE LAND IN COOK COUNTY, ILLINOIS, DESCRIBED AS:

THE SOUTH QUARTER OF THE NORTH 4/18ths OF THE WEST HALF OF BLOCK 7 IN
CENTRAL ADDITION TO SOUTH ENGLEWOOD BEING A RESUBDIVISION OF BLOCKS 2
TO 8 INCLUSIVE OF HALSTED STREET ADDITION TO WASHINGTON HEIGHTS IN
THE SOUTH EAST QUARTER OF SECTION 5, TOWNSHIP 37 NORTH, RANGE 14, EAST
OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

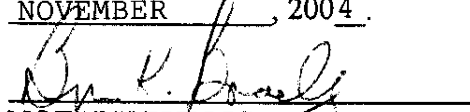
P.I.N. 25-05-411-006-0000 VOL. 450

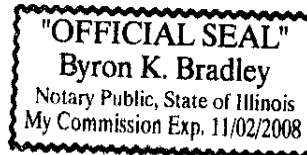
P.I.N.: _____

THAT THE DECEASED DIED January 20, 1994 AS EVIDENCED BY A CERTIFIED
COPY OF DEATH CERTIFICATE OF THE DECEASED ATTACHED HERETO.


AFFIANT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME BY THE SAID
JEAN NELSON, THIS 27th DAY OF
NOVEMBER, 2004.


NOTARY PUBLIC



UNOFFICIAL COPY

OCTOBER 27, 2004

STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

STATE OF ILLINOIS

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. **16:33**

REGISTERED NUMBER **72 #437 JAN. 94**

94-007628

DECEASED - NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Fred NELSON 2. MALE 3. JAN. 20, 1994

COUNTY OF DEATH AGE - LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (M. DAY YEAR)

4. COOK 5a. 39 5b. 5c. 5d. 7-2-34

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) IF HOSP. OR INST. INDICATED O.A. OP. EMER. RM. INPATIENT (SPECIFY)

6a. CHICAGO EVERGREEN PARK 6b. LITTLE COMPANY OF MARY 6c. EMER RM.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MARTIN NAME, IF WIFE) WAS OCCASED EVER BY US ARMED FORCES? (YES-NO)

7. Natchez, Miss. 8a. Married 8b. JEAN COOPER 9. No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)

10. 428 W. 2383 11a. Bricklayer 11b. FLEETWOOD 12. 4th

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES-NO) COUNTY

13a. 9211 S. Peoria 13b. CHICAGO 13c. YES 13d. COOK

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)

13e. Illinois 13f. 60620 14a. BLACK 14b. NO YES SPECIFY:

FATHER - NAME FIRST MIDDLE LAST MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST

15. Walter NELSON 16. LEATHER STUMAS

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP)

17a. JEAN NELSON 17b. WIFE 17c. 9211 S. Peoria Chgo, Ill. 60620

18. 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, shock, or heart failure. List only one cause on each line. APPROPRIATE INTERVAL BETWEEN ONSET AND DEATH

Immediate Cause (Final disease or condition resulting in death) (a) **ARTERIO SCLEROTIC CARDIOVASCULAR Disease**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b)

CAUSE (LAST) (c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)

19a. NATURAL 20b. 20c. M. 20d.

INJURY AT WORK (YES-NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY, VIL OR TOWN OR TWP., OR RD DIST NO., COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20h. YES () NO ()

20e. 20f. 20g. 20h.

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT

THE DECEDENT WAS PRONOUNCED DEAD ON AT

21a. 21b. JAN. 20, 1994 21c. 8:13 A.M.

CORONER'S - MEDICAL EXAMINER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

22a. 22b. JAN. 20, 1994

CORONER'S ASSISTANT'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)

23a. 23b.

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY - NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)

24a. BURIAL 24b. RESTVALE CEMETERY 24c. Alsip, Illinois 24d. 1-24-94

FUNERAL HOME NAME STREET AND NUMBER (A.F.F.) CITY OR TOWN STATE ZIP

25a. A.A. RAYNER + SON 318 E. 71ST Chgo, Ill. 60619

FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER

25b. 25c. 34-14694

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)

26a. 26b. JANUARY 24, 1994