

UNOFFICIAL COPY



DECEASED JOINT
TENANCY AFFIDAVIT

Doc#: 0516055015
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 06/09/2005 01:35 PM Pg: 1 of 2

STATE OF ILLINOIS]
]
COUNTY OF COOK]

_____ being duly
sworn states that MARY A. DAVIS resides at 840 WELLINGTON
UNIT III in the City of ELK GROVE VILLAGE

That I was acquainted with RICHARD J. DAVIS
_____ deceased who, at the time of HIS
_____ death, was one of the owners of the land in COOK
_____ County, Illinois, described as:

840 WELLINGTON
UNIT III
ELK GROVE VILL EL
60007

P.I.N. 08 32 101 015 1009

That the deceased died APRIL ONE 2004
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

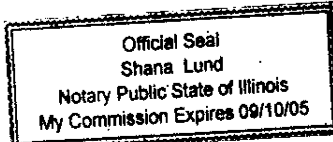
Subscribed and sworn to before me by the said

MARY A. DAVIS

this 8th day of DECEMBER, A.D. 2004

Shana Lund
Notary Public

Mary A. Davis
(affiant signature)



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STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

APR 19 2004

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.

David Orr
- COUNTY CLERK

DECEASED'S BIRTH NO.

REGISTRATION DISTRICT NO. **16.0**
REGISTERED NUMBER

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

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

DECEASED

B

C

D

E

PARENTS

1

2

3

CAUSE

4

5

N

P

CERTIFIER

DISPOSITION

1. DECEASED-NAME FIRST: RICHARD MIDDLE: J LAST: DAVIS		2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) APRIL 1, 2004	
4. COUNTY OF DEATH COOK		5a. AGE-LAST BIRTHDAY (YRS) 73	5b. UNDER 1 YEAR MOS. DAYS	5c. UNDER 1 DAY HOURS MIN.
6. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER ELK GROVE VILLAGE		7. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) ALEXIAN BROTHERS MEDICAL CENTER		8. IF HOSP. OR INST. INDICATE D.O.A., OPENER, RM, INPATIENT (SPECIFY) INPATIENT
9. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Chicago, IL		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Mary A. Mulvey
12. SOCIAL SECURITY NUMBER 360-20-4608		13. USUAL OCCUPATION Officer		14. KIND OF BUSINESS OR INDUSTRY Police
15. RESIDENCE (STREET AND NUMBER) 840 Wellington		16. CITY, TOWN, TWP, OR ROAD DISTRICT NO. Elk Grove Village		17. INSIDE CITY (YES/NO) Y
18. STATE Illinois		19. ZIP CODE 60007		20. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) white
21. FATHER-NAME FIRST MIDDLE LAST Frank Davis		22. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Anna Engle		
23. INFORMANT'S NAME (TYPE OR PRINT) Mrs. Mary A. Davis		24. RELATIONSHIP Wife		25. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 840 Wellington, Elk Grove Village, IL 60007
26. 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.				
27. Immediate Cause (Final disease or condition resulting in death) (a) Sepsis		28. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) Pneumonia		
29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
30. DATE OF OPERATION, IF ANY		31. MAJOR FINDINGS OF OPERATION		32. IF FULLY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) YES <input type="checkbox"/> NO <input type="checkbox"/>
33. 1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 3-31-04		34. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) N		35. HOUR OF DEATH 12:15 A M.
36. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.				37. DATE SIGNED (MONTH, DAY, YEAR) 4-1-04
38. 22a. SIGNATURE M. Kaedour, M.D.		39. ILLINOIS LICENSE NUMBER 036-100476		
40. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 810 Biesterfeld Rd. Ste #609 Elk Grove Village IL 60007				41. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
42. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		43. CEMETERY OR CREMATORY-NAME Queen of Heaven		44. LOCATION CITY OR TOWN STATE Hillside, Illinois
45. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Gibbons Funeral Home, Ltd., 134 South York Road, Elmhurst, Illinois 60126-3498		46. DATE (MONTH, DAY, YEAR) 24d. Apr. 5, 2004		
47. 25a. FUNERAL DIRECTOR'S SIGNATURE Mary F. Gibbons		48. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-015235		
49. 26a. LOCAL REGISTRAR'S SIGNATURE David Orr		50. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 2, 2004		