

# UNOFFICIAL COPY



DECEASED JOINT  
TENANCY AFFIDAVIT

Doc#: 0516649028  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 06/15/2005 10:30 AM Pg: 1 of 2

STATE OF ILLINOIS ]  
COUNTY OF COOK ]

MARTHA H. HONIGMAN being duly  
sworn states that SHE resides at 873 N. MARTIN  
in the City of PALATINE

That SHE was acquainted WALTER H. HONIGMAN  
deceased who, at the time of HIS  
death, was one of the owners of the land in

COOK County, Illinois, described as:  
LOT FIVE (5) IN BLOCK SIX (6) IN LAKE PARK ESTATES, A  
SUBDIVISION OF THE WEST HALF OF THE SOUTHWEST QUARTER  
(EXCEPT THE EAST 100 FEET THEREOF) OF SECTION 10, TOWNSHIP 42  
NORTH RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN,  
ACCORDING TO THE PLAT THEREOF RECORDED MARCH 29, 1935  
AS DOCUMENT NO. 16188452

P.I.N. 02-10-305-006-0000

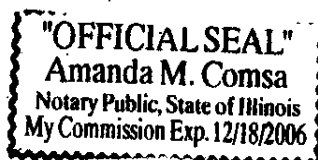
That the deceased died 2-13-05  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Subscribed and sworn to before me by the said

Martha H. Honigman  
this 14 day of June, A.D. 20 05

Amanda M. Comsa  
Notary Public

(affiant signature)



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STATE OF ILLINOIS )  
County of Cook )

DAVID ORR, County Clerk

FEB 22 2005

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

<b>DECEDENT'S BIRTH NO.</b>	REGISTRATION DISTRICT NO. <b>16.0</b>	STATE OF ILLINOIS		STATE FILE NUMBER	
	REGISTERED NUMBER	<b>MEDICAL CERTIFICATE OF DEATH</b>			
Type or Print in PERMANENT INK. See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS.  A DECEASED  B  C  D  E	1. DECEASED—NAME FIRST MIDDLE LAST <b>WALTER H. HONIGMAN</b>		2. SEX <b>MALE</b>	3. DATE OF DEATH (MONTH, DAY, YEAR) <b>FEBRUARY 13, 2005</b>	
	4. COUNTY OF DEATH <b>COOK</b>		5a. AGE—LAST BIRTHDAY (YRS) MOS. DAYS <b>88</b>	5b. UNDER 1 YEAR <b>5c.</b>	6. DATE OF BIRTH (MONTH, DAY, YEAR) <b>JUNE 6, 1916</b>
	7. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>ARLINGTON HEIGHTS</b>		8. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>NORTHWEST COMMUNITY HOSPITAL</b>		9. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) <b>INPATIENT</b>
	10. SOCIAL SECURITY NUMBER <b>356-01-7213</b>		11a. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>MARRIED</b>	12. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>MARTHA HEADLEY</b>	
	11b. USUAL OCCUPATION <b>ACCOUNTANT</b>		11c. KIND OF BUSINESS OR INDUSTRY <b>OIL COMPANY</b>		13. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>4</b> College (1-4 or 5+) <b>9. YES</b>
	13a. RESIDENCE (STREET AND NUMBER) <b>873 MARTIN DRIVE</b>		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>PALATINE</b>		13c. INSIDE CITY (YES/NO) <b>YES</b>
	13d. STATE <b>ILLINOIS</b>		13e. ZIP CODE <b>60067</b>		13f. COUNTY <b>COOK</b>
	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>WHITE</b>		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
	15. FATHER—NAME FIRST MIDDLE LAST <b>PETER HONIGMAN</b>		16. MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST <b>KAROLINE NAGY</b>		
	17a. INFORMANT'S NAME (TYPE OR PRINT) <b>MARTHA HONIGMAN</b>		17b. RELATIONSHIP <b>WIFE</b>		
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.  Immediate Cause (Final disease or condition resulting in death) → (a) <i>Cardioplegic failure</i> CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <i>Brain tumor, hemorrhage</i> (c) <i>Lymphadenitis mediastinal</i> PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>873 MARTIN DR PALATINE IL 60067</b>			
19a. DATE OF OPERATION, IF ANY <b>2/11/05</b>		19b. MAJOR FINDINGS OF OPERATION <b>Subdural hematoma</b>		19c. AUTOPSY? (YES/NO) <b>NO</b>	
20a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) <b>2-1-05</b>		20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) <b>NO</b>		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. <b>DR BALA 1545 HICKS RD ROLLING MEADOWS, IL</b>		21b. SIGNATURE <i>[Signature]</i>		21c. HOUR OF DEATH <b>12:10 P.M.</b>	
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <b>DR BALA 1545 HICKS RD ROLLING MEADOWS, IL</b>		22b. DATE SIGNED (MONTH, DAY, YEAR) <b>2/15/05</b>		22c. ILLINOIS LICENSE NUMBER <b>036091372</b>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>CREMATION</b>		23a. CEMETERY OR CREMATORY—NAME <b>FOREST CREMATORY</b>		23b. LOCATION CITY OR TOWN STATE <b>ROMEDEVILLE, ILLINOIS</b>	
24a. FUNERAL HOME NAME <b>CREMATION SOCIETY OF ILLINOIS 1030 E NORTHWEST HWY MT PROSPECT, ILLINOIS 60056</b>		24b. STREET AND NUMBER OR R.F.D. <b>1030 E NORTHWEST HWY MT PROSPECT, ILLINOIS 60056</b>		24c. DATE (MONTH, DAY, YEAR) <b>2-22-2005</b>	
25a. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034-011165</b>		25c. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>	
26a. LOCAL REGISTRAR'S SIGNATURE <i>[Signature]</i>		26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>FEB 22 2005</b>		26c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>FEB 22 2005</b>	