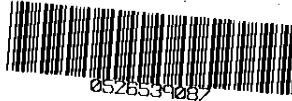


UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0526539087 Fee: \$28.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 09/22/2005 03:00 PM Pg: 1 of 3

STATE OF ILLINOIS }
COUNTY OF }
 }

Willie J HERRING being duly
sworn states that I resides at 7123 So Seeley
CHICAGO in the City of _____

That I was acquainted THERESA JAMES
deceased who, at the time of 520 am

HIS death, was one of the owners of the land in _____
Cook County, Illinois, described as:

P.I.N. 20 30 107 012 0000

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

Subscribed and sworn to before me by the said

Willie HERRING
this 22 day of Sept, A.D. 19 2005

Zenaida Gerrillo
Notary Public

Willie Herring
(affiant signature)



UNOFFICIAL COPY

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JAN 27 2005

I, JOHN L. WILHELM M.D., LOCAL REGISTER OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.

COPY

John L. Wilhelm, MD
LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**
REGISTERED NUMBER, **437 JAN 05**

| | | | |
|--|---|---|---|
| DECEASED-NAME Theresa James | LAST James | SEX F | DATE OF DEATH (MONTH, DAY, YEAR) JAN. 20, 05 |
| CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago | DATE OF BIRTH (MONTH, DAY, YEAR) October 16, 1929 | IF HOSP. OR INST. INDICATED D.O.A. (OPERMFR, INF, INFANT) (SPECIFY) Emergency Room | |
| AGE LAST BIRTHDAY (YRS) 75 | UNDER 1 DAY 5c | 8c. Emergency Room | |
| HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Holy Cross Hospital | DATE OF BIRTH (MONTH, DAY, YEAR) October 16, 1929 | 8c. Emergency Room | |
| MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) None | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) College (1-4 or 5-7) | |
| SOCIAL SECURITY NUMBER 409-50-6821 | KIND OF BUSINESS OR INDUSTRY Hotel | INSIDE CITY (YES/NO) Yes | |
| RESIDENCE (STREET AND NUMBER) 7123 S. Seely | CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago | 13c. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| STATE Illinois | 13b. Chicago | COUNTY Cook | |
| FATHER-NAME FIRST MIDDLE LAST Isaac Reed | RELATIONSHIP Sister | MOTHER-NAME FIRST MIDDLE LAST (MAIDEN) LAST Tea Older Williams | |
| INFORMANT'S NAME (TYPE OR PRINT) Alice Chambers | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 7123 S. Seely Chicago, IL 60636 | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) Arterio Sclerotic Cardiovascular Disease | 17b. Sister | 19a. NO | |
| CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Arterio Sclerotic Cardiovascular Disease | | 19b. NO | |
| 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. (a) Arterio Sclerotic Cardiovascular Disease | | | |
| 19. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. | | | |
| NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) NATURAL | DATE OF INJURY (MONTH, DAY, YEAR) 20c. N/A | HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I) 20b. N/A | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. NO 19b. NO |
| INJURY AT WORK (YES/NO) 20a. NO | LOCATION (CITY, VIL OR TOWN, OR WP.; OR RD. DIST. NO., COUNTY, STATE) 20c. N/A | THE DECEASED WAS PRONOUNCED DEAD ON DATE SIGNED (MONTH, DAY, YEAR) 21. JAN. 20, 05 | DATE SIGNED (MONTH, DAY, YEAR) 22b. JAN. 26, 05 |
| CORONER'S MEDICAL EXAMINER'S SIGNATURE <i>Dr. J. Demogre</i> | CITY OR TOWN Alsip | DATE SIGNED (MONTH, DAY, YEAR) 23b. JAN. 26, 05 | |
| CORONER'S PHYSICIAN'S NAME (Type or Print) Dr. J. Demogre | STATE Illinois | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | CITY OR TOWN Alsip | DATE (MONTH, DAY, YEAR) 24d. Jan. 28, 2005 | |
| FUNERAL HOME Doty Nash Funeral Home, Ltd. | STREET AND NUMBER OR R.F.D. 8620 S. Stony Island Ave. | STATE Illinois | ZIP 60617 |
| FUNERAL DIRECTOR'S SIGNATURE <i>John L. Wilhelm, M.D.</i> | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-011937 | | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. JAN. 27 2005 |

| | | | | | | |
|------|----------|-------|--------|------|----------|------|
| 2030 | 1070 | 12 | 7201 | 40 | 11 | 15 |
| AREA | SUB-AREA | BLOCK | PARCEL | CODE | WAR-RANT | ITEM |

UNOFFICIAL COPY

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

436 VOLUME [REDACTED]

| AREA | SUB-AREA | BLOCK | PARCEL | TAX CODE | SEC. | TOWN | RANGE | LOT | SUB-LOT | LOT | BLOCK | |
|---------------------------------|----------|-------|--------|----------|------|------|-------|-----|---------|-----|-------|---|
| 20 | 30 | 107 | 12 | 7201 | 30 | 38 | 14 | | | | | |
| HERRONS SUB 50 ACS E 1/4 NW 1/4 | | | | | | | | | | | 44 | 1 |

| AREA | SUB-AREA | BLOCK | PARCEL | CODE | WAR-RANT | ITEM | FIRST SUFFIX | SECOND SUFFIX | THIRD SUFFIX | CARD |
|------|----------|-------|--------|------|----------|------|--------------|---------------|--------------|------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 |
| 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 |
| 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 |
| 79 | 80 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9 |



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