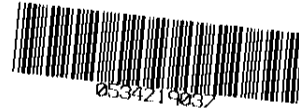


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Doc#: 0534219037 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 12/08/2005 11:42 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)

)ss

County of Cook)

GLEN FREEMAN, hereinafter
referred to as the affiant deposes and
states

that the affiant resides at:

7700 West 80th Place, Bridgeview, IL 60455;

That the decedent, EUNICE FREEMAN, at the time of her death was one of the owners of the
property in Cook County, Illinois, to wit:

LOT 23 IN WESLEY FIELDS 2nd ADDITION, A RESUBDIVISION OF LOTS 20 TO 29 ,
INCLUSIVE, IN FRANK DELUGACH'S 79th STREET ESTATES, A SUBDIVISION OF
THE EAST 1/2 (EXCEPT THE RAILROAD RIGHT OF WAY AND EXCEPT THE EAST
500 FEET IMMEDIATELY WEST OF AND ADJOINING SAID RIGHT OF WAY) OF THE
NORTHWEST 1/4 OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 12 EAST OF THE
THIRD PRINCIPAL MERIDIAN, AND THE WEST 1/2 (EXCEPT RAILROAD RIGHT OF
WAY) OF THE SOUTHEAST 1/4 OF SECTION 36, TOWNSHIP 38 NORTH, RANGE 12
EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
PIN: 18-36-104-033-0000

Commonly known as: 7700 West 80th Place, Bridgeview, IL 60455;

That said decedent died on October 21, 2005, leaving no last will and testament;

That the total value of the estate of said decedent including her taxable interest in the above real
estate is \$165,000.00.

That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's
estate, has been paid in full.

Dated: December 6, 2005

** Glen Freeman*
GLEN FREEMAN

Subscribed and Sworn to

before me by GLEN FREEMAN

this 6th day of December, 2005.

Medard M. Narko
Notary Public

OFFICIAL SEAL Medard M. Narko Notary Public, State of Illinois My Commission Exp. 03/14/2009

made to This document prepared by:
→ Atty Medard M. Narko, 15000 S. Cicero, Oak Forest, IL 60452

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STATE OF ILLINOIS)
County of Cook)

DAVID ORR, County Clerk

OCT 24 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

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH							
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		1. DECEASED NAME FIRST MIDDLE LAST Eunice Freeman		SEX Female		DATE OF DEATH (MONTH, DAY, YEAR) 3. October 21, 2005			
4. COUNTY OF DEATH Cook		AGE—LAST BIRTHDAY (YRS) 5a. 88		UNDER 1 YEAR 5b. MOS DAYS		UNDER 1 DAY 5c. HOURS MIN		DATE OF BIRTH (MONTH, DAY, YEAR) 5d. September 8, 1917	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Burbank		6b. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Brentwood Health Care				6c. IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY) Inpatient			
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Harden Co., TN		8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Glen Freeman				9. WAS DECEASED EVER IN ARMED FORCES? (YES/NO) No	
10. SOCIAL SECURITY NUMBER 409-32-4553		11a. USUAL OCCUPATION Homemaker		11b. KIND OF BUSINESS OR INDUSTRY AT Home		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 			
13a. RESIDENCE (STREET AND NUMBER) 7700 W. 80Th Place		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. Bridgeview		13c. INSIDE CITY (YES/NO) Yes		13d. COUNTY Cook			
13e. STATE IL		13f. ZIP CODE 60455		14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) White		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 Charlie Hindmon		16. MOTHER—NAME FIRST MIDDLE LAST (MAIDEN) LAST Pearl Parson		17a. INFORMANT'S NAME (TYPE OR PRINT) Glen Freeman		17b. RELATIONSHIP Husband		17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 7700 W. 80Th Pl., Bridgeview, IL60455	
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.		(a) Acute Myocardial Infarction						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH hours	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF							
		(c) DUE TO, OR AS A CONSEQUENCE OF							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Diabetes mellitus hypertension emphysema		19a. DATE OF OPERATION, IF ANY		19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY (YES/NO) NO		19d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) NO	
20a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 10/20/05		20b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) NO		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? NO		20d. HOUR OF DEATH 5:20 A M.			
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		21b. SIGNATURE <i>William Lee MD</i>		21c. DATE SIGNED (MONTH, DAY, YEAR) 10/24/05		21d. ILLINOIS LICENSE NUMBER 036051393		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.	
22a. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 7729 W. Odgen Lyons Pl. 60535		22b. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22c. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		22d. CEMETERY OR CREMATORY—NAME Bethania Cemetery		22e. LOCATION CITY OR TOWN STATE Justice IL	
23. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP Damar Funeral Home 7861 S. 88Th Ave Justice IL 60458		23a. FUNERAL DIRECTOR'S SIGNATURE <i>David Orr</i>		23b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034-014496		23c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) OCT 24 2005		23d. DATE (MONTH, DAY, YEAR)	

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