



Doc#: 0535305143 Fee: \$46.00  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 12/19/2005 11:42 AM Pg: 1 of 2

State of Illinois )

County of Cook )

44232 RY

DECEASED JOINT TENANCY AFFIDAVIT

I, Maureen O. Coats, being first duly sworn and under oath state that I reside at 8237 S. Kimbark, in the City of Chicago, County of Cook and State of Illinois.

P  
2  
D

That, I am the daughter of Frank Parker Coats, deceased, who at the time of his death on May 20, 1992, was one of the owners of the land in Cook County, Illinois, described as:

THE SOUTH 20 FEET OF LOT 12 (EXCEPT THAT PART THEREOF, IF ANY LYING IN THE NORTH 10 FEET OF SAID LOT) AND THE NORTH 1/2 OF LOT 13, IN E.B. SHOGREN AND COMPANY'S SECOND ADDITION TO AVALON PARK, BEING A RESUBDIVISION OF LOTS 1 TO 46 IN BLOCK 7 IN PIERCE'S PARK, A SUBDIVISION OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 35, TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 20-35-226-010-0000

Common address: 8237 S. Kimbark, Chicago, IL 60619

That the deceased died on the 20<sup>th</sup> day of May, 1992, as evidenced by the attached certified copy of death certificate.

*Maureen O Coats*

Maureen O. Coats, Affiant

I, the undersigned, a Notary Public in and for said City, in the State aforesaid, DO HEREBY CERTIFY that MAUREEN O. COATS, personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day, and acknowledged that she signed, sealed and delivered said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal this 27th day of September, 2005.

*Taryn Springs*  
NOTARY PUBLIC



JULY 5, 2005

STATE OF ILLINOIS  
County of Cook

# UNOFFICIAL COPY

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.

*David Orr*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.24		STATE OF ILLINOIS				STATE FILE NUMBER	
		REGISTERED NUMBER 3		MEDICAL CERTIFICATE OF DEATH				93 079564	
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)			
A		1. PAULINE COATS			2. FEMALE	3. DECEMBER 18, 1993			
B		4. COUNTY OF DEATH COOK		AGE - LAST BIRTHDAY (YRS) 5a. 74	UNDER 1 YEAR 5b. MOS. DAYS	UNDER 1 DAY 5c. HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) 5d. JULY 27, 1919		
C		6a. OAK PARK		6b. WEST SUBURBAN HOSPITAL MEDICAL CENTER			6c. INPATIENT		
D		BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. HOLMES COUNTY, MS		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. widowed		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. - None		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. no	
E		10. SOCIAL SECURITY NUMBER 423-195-088		USUAL OCCUPATION 11a. Homemaker		KIND OF BUSINESS OR INDUSTRY 11b. Own Home		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. 11	
		RESIDENCE (STREET AND NUMBER) 13a. 8237 S. Kimbark		CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. Chicago		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook	
		STATE 13e. Illinois		ZIP CODE 13f. 60619		RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. Black		OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY	
PARENTS		FATHER - NAME FIRST MIDDLE LAST 15. Matthew Hicks			MOTHER - NAME FIRST MIDDLE (MAIDEN) LAST 16. Elizabeth Hooker				
1		17a. RONNI PLANNIGAN			RELATIONSHIP 17b. RECORDS		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. ERIE AT AUSTIN OAK PARK, ILLINOIS 60302		
2		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.							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		Immediate Cause (Final disease or condition resulting in death)		(a) Generalized Arteriosclerosis				10 years	
CAUSE		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		Prostrial Hyp and Chronic Renal Failure					
5		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO) 19a. No		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b.	
P		20a.		20b.		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		21a. (I) (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON Dec 12 1993		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b.		HOUR OF DEATH 21c. 6:45A.M.			
CERTIFIER		22a. SIGNATURE <i>[Signature]</i>				DATE SIGNED (MONTH, DAY, YEAR) 22b. 12/20/93			
		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. 101 N. Seattle Oak Park St.				ILLINOIS LICENSE NUMBER 22d. 36-40403			
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.				NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.			
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial		CEMETERY OR CREMATORY - NAME 24b. Oakwoods		LOCATION CITY OR TOWN STATE 24c. Chicago, Illinois		DATE (MONTH, DAY, YEAR) 24d. 12-28-93	
		25a. Gatling's Chapel 10133 S. Halsted Chicago, Illinois 60628				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 034-014690			
		25b. <i>[Signature]</i>				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 28 1993			