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Doc#: 0604145149 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/10/2006 02:19 PM Pg: 1 of 3

Deceased Joint Tenancy Affidavit

State of Illinois County of Cook

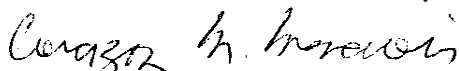
Corazon M. Manaois, being first duly sworn, states that she resides at 2507 N Artesian, Chicago IL 60647, That she was acquainted with Donald S. Manaois who at the time of his death, was one of the owners of the land in Cook County described as:

Lot 22 in Block 30 in Albert Crosby and Others Subdivision of the East half of the South East Quarter of Section 25, Township 40 North, Range 13, East of the Third Principal Meridian, in Cook County, Illinois.

The commonly known address of the property is 2507 N. Artesian, Chicago, IL 60647
Permanent Real Estate Index Numbers: 13-25-423-017-0000


That the deceased died June 16, 1998 as evidenced by a certified copy of his death certificate which is attached hereto.

Affiant makes this affidavit for the purpose of recording notice of the deceased's death with the Office of the Recorder of Deeds of Cook County, IL.



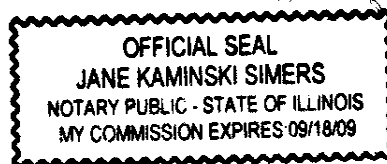
Corazon M. Manaois

I, the undersigned a Notary Public in and for said County, in the State aforesaid, do hereby certify that Corazon M. Manaois is personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth. Given under my hand and official seal this 10th day of February 2006.


Notary Public

This document was prepared by Jane Kaminski Simers, DiMonte & Lizak, 216 W. Higgins, Park Ridge, IL 60068

After recording, return to: Jane Kaminski Simers, 2729 N. Francisco, Chicago IL 60647



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STATE OF ARIZONA
Certified Copy of Vital Record

ORIGINAL STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. 98-019300
D 102-

Name of Deceased: DONALD STEPHEN MANAOIS, SEX: MALE, DATE OF DEATH: JUNE 16, 1998

RACE: ASIAN, WAS DECEASED OF HISPANIC ORIGIN: NO, IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.

PLACE OF DEATH: MARICOPA COUNTY, MESA, HOSPICE OF THE VALLEY, D. DOA, OP EMER, IN PATIENT

DATE OF BIRTH: DECEMBER 26, 1942, AGE: 55, MARRIED: MARRIED, SURVIVING SPOUSE: CORAZON MAYLON

STATE AND CITY OF BIRTH: CHICAGO, ILLINOIS, SOCIAL SECURITY NO.: 325-34-4025, USUAL OCCUPATION: TRUCK DRIVER

USUAL RESIDENCE: ARIZONA, MARICOPA COUNTY, MESA, D. ZIP CODE: 85201, HOW LONG IN ARIZONA: 4 YEARS

STREET ADDRESS OR R.F.D.: #325 2240 W. UNIVERSITY, INSIDE CITY LIMITS: YES, PREVIOUS STATE OF RESIDENCE: ILLINOIS

FATHER'S NAME: PEDRO MANAOIS, MOTHER'S MAIDEN NAME: MILDRED BOADO

INFORMANT'S SIGNATURE: CORAZON MANAOIS, RELATIONSHIP TO DECEASED: WIFE, ADDRESS: 2507 N. ARTESIAN, CHICAGO, IL 60647

BURIAL OR REMOVAL: REMOVAL, DATE: 6/19/98, CEMETERY: ST. ALBERT CEMETERY, NILES, ILLINOIS

FUNERAL HOME: BEST FUNERAL SERVICES-9380 W. PEORIA AVE., PEORIA, ARIZONA, EMBALMER'S SIGNATURE, CERT. NO. 1050

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

30. SIGNATURE AND TITLE, DATE SIGNED, HOUR OF DEATH, NAME OF ATTENDING PHYSICIAN

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED

34. AND TITLE, DATE SIGNED, HOUR OF DEATH, 35. JUNE 16, 1998, 36. 2320

37. ON JUNE 16, 1998, 38. AT 2320, 39. JUN 23 1998, 40. YES, 41. YES

42. A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH), ATHEROSCLEROTIC CORONARY ARTERY DISEASE

43. B. DUE TO OR AS A CONSEQUENCE OF, 44. SHELLY WAGNER MD, 45. 005, 46. JUL 29 1998

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

47. MANNER OF DEATH: NATURAL CAUSES, DATE OF INJURY, INJURY AT WORK?, DESCRIBE HOW INJURY OCCURRED

48. SUPPLEMENTARY ENTRIES, SUPPLEMENTARY CERTIFICATE OF CAUSE OF DEATH ATTACHED, En. 08/20/1998

DATE ISSUED APR 27 1998

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S.: 36-341, and by direction of:

Renée Gaudio
RENEE GAUDINO
Assistant State Registrar

1978911

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

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STATE OF ARIZONA

Certified Copy of Vital Record

STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES - VITAL RECORDS SECTION SUPPLEMENTARY CERTIFICATE OF CAUSE OF DEATH

 STATE FILE
 NO. 98-019300

NAME OF DECEASED 1. DONALD STEPHEN MANAOIS			DATE OF DEATH 2. JUNE 16, 1998		
SEX 3. MALE	RACE OR COLOR 4. ASIAN	AGE AT DEATH (Years) 5a. 55	IF BABY - Mos. Days Days Mon. 5b.		PLACE OF BIRTH 6. ILLINOIS
PLACE OF DEATH 8. MARICOPA		Town or City 9. MESA		Hospital or Institution 10. HOSPICE OF THE VALLEY	
SOCIAL SECURITY NO. 7. 325-34-4025		ESTIMATED TIME BETWEEN ONSET AND DEATH			
9. MEDICAL STATEMENT OF CAUSE OF DEATH					
FILL OUT CAREFULLY Enter immediate cause on line A. Other precipitating causes should be given on lines B. and C. respectively. List underlying cause last.					
PART I. DEATH WAS CAUSED BY (Enter only one cause on each line)					
A. IMMEDIATE CAUSE ACUTE COMBINED DRUG INTOXICATION					
B. DUE TO OR AS A CONSEQUENCE OF: (COCAINE AND MORPHINE)					
C. DUE TO OR AS A CONSEQUENCE OF:					
Other conditions of significant medical importance contributing to death but not directly related to immediate cause:					
PART II. OTHER SIGNIFICANT CONDITIONS HYPERTROPHIC CARDIOMYOPATHY: CORONARY ARTERY DISEASE					
11. PHYSICIAN'S SIGNATURE					
11a. TITLE OR DEGREE					
12. ADDRESS					
13. DATE SIGNED					
14. If yes, were findings considered in determining cause of death? YES or NO SPECIFY: YES					
15. If deceased was adult female, was she pregnant at death or any time in past year? Yes, No, Unknown SPECIFY:					
MANNER OF DEATH					
16. <input type="checkbox"/> ACCIDENT <input type="checkbox"/> NATURAL CAUSES <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> UNDETERMINED <input type="checkbox"/> HOMICIDE					
17. HOW DID INJURY OCCUR? (Circumstances only, not cause) 16a. DATE OF INJURY: 6/16/98 16b. UNK. 17. USE OF DRUGS					
18. PLACE OF INJURY (Home, store, street, etc.) HOSPICE 18b. 5037 E. BROADWAY, MESA, AZ					
19. DECEASED WAS PRONOUNCED DEAD AT 2320 M. on the date entered above					
20. WAS DECEASED AT WORK WHEN INJURED? Yes, No, Unknown SPECIFY: NO					
21. WAS BODY VIEWED AFTER DEATH? Yes or No SPECIFY: YES					
22. KIND OF INVESTIGATION Autopsy, Request, Other AUTOPSY					
23. EVIDENCE OF CRIMINAL ACTS? Yes, No, Unknown SPECIFY: NO					
24. EXPLANATORY INFORMATION (Medical Examiner may enter any details here in support of above statements)					
25. I amend or supplement the original death certificate to certify that on the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated.					
26. MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY SIGNATURE Philip E. Keen, M.D.					
27. TITLE MEDICAL EXAMINER					
28. DATE SIGNED 8/6/98					
29. MAIL ADDRESS Street and Number City and State PHILIP E. KEEN, M.D., 120 S. SIXTH AVENUE, PHOENIX, AZ					
30. SUPPLEMENTARY ENTRIES					
31. DATE REGISTERED AUG 20 1998					
32. REG. FILE NO. 11551					
33. REGISTRAR'S SIGNATURE <i>Marcy M...</i>					
34. REG. DISTRICT ASST. STATE REGISTRAR					
35. DATE RECORDED IN STATE OFFICE AUG 20 1998					

DATE ISSUED - **APR 27 1999**

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Renee Gaudino
 RENÉE GAUDINO
 Assistant State Registrar

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