

# UNOFFICIAL COPY

DECEASED JOINT  
TENANCY AFFIDAVIT



Doc#: 0604527113 Fee: \$28.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 02/14/2008 01:21 PM Pg: 1 of 3

STATE OF ILLINOIS 1  
COUNTY OF 1

Louie B. Odom being duly  
sworn states that I resides at 16542 S.  
Wolcott in the City of Chicago

That I was acquainted Johanna Mae Odom  
deceased who, at the time of  
her death, was one of the owners of the land in  
Cook County, Illinois, described as:

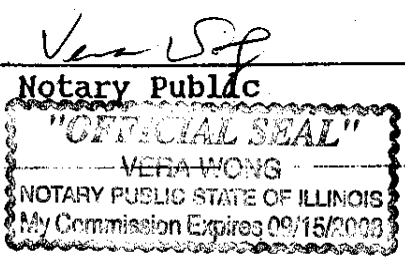
P.I.N. 29-19-417-052-0000

That the deceased died 4-23-81  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

Mail To:

Louie Odom  
16542 So. Wolcott  
Markham, IL 60428

Subscribed and sworn to before me by the said  
LOUIE B. ODOM  
this 9th day of February, A.D. 19 2006



Louie B. Odom  
(affiant signature)

STATE OF ILLINOIS  
County of Cook

**UNOFFICIAL COPY**

DAVID ORR, County Clerk

OCT 29 2002

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

REGISTRATION DISTRICT NO. *16-34* REGISTERED NUMBER

STATE OF ILLINOIS STATE FILE NUMBER *88-026018*

**MEDICAL CERTIFICATE OF DEATH**

DECEASED - NAME: *Jeanette Odum* SEX: *Female* DATE OF DEATH - (MONTH, DAY, YEAR): *April 22, 1988*

RACE - (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): *Black* AGE - (LAST BIRTHDAY YEAR): *70* UNDER 1 YEAR: *54* UNDER 1 DAY: *56* DATE OF BIRTH - (MO, DAY, YEAR): *December 23, 1917* COUNTY OF DEATH: *Cook*

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: *Harvey* HOSPITAL OR OTHER INSTITUTION - NAME (IF SET NUMBER GIVE STREET AND NUMBER): *Ingalls Memorial Hospital* IF HOSP. OR INST. INDICATE DOA OP/EMER. RM. INPATIENT (SPECIFY): *DOA*

STATE OF BIRTH - (IF NOT U.S.A. NAME COUNTRY): *Tennessee* CITIZEN OF WHAT COUNTRY: *USA* MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): *Married* NAME OF SURVIVING SPOUSE - (MAIDEN NAME, IF WIFE): *Lovie B. Odum*

SOCIAL SECURITY NUMBER: *267-30-6297* SOCIAL OCCUPATION: *Registered Nurse in Nursing Home* KIND OF BUSINESS OR INDUSTRY: *Nursing Home* WAS DECEASED EVER IN U.S. ARMED FORCES? YES (NO): *No* WAR OR DATES OF SERVICE:

RESIDENCE - STREET AND NUMBER: *16542 Wolcott* CITY, TOWN, TWP. OR ROAD DISTRICT: *Markham* INSIDE CITY: *Yes* COUNTY: *Cook* STATE: *Illinois*

FATHER - NAME: *Bob Fertress* MOTHER - (MAIDEN NAME): *Daisy Neely*

INFORMANT NAME (TYPE ON PRINT): *Karen Slattery-Medical Records* RELATIONSHIP: *None* MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): *One Ingalls Drive, Harvey, IL 60426*

DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE (A), (B), AND (C)) APPROXIMATE INTERVAL BETWEEN DEATH AND LOCAL:

(A) *Cardiac arrest* (B) *Cardiac arrhythmia* (C) *Cardiomyopathy* *3 months*

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE (A-S):

PART II OTHER SIGNIFICANT CONDITIONS - CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A): *Hypertension, Dependent Diabetes mellitus, etc.* IF YES WERE FINDINGS CONSIDERED IN THE TERMINAL CAUSE OF DEATH: *Yes*

DATE OF OPERATION, IF ANY: *4/17/88* MAJOR FINDINGS OF OPERATION: *None* IF FEMALE, WAS THERE PREGNANCY IN PAST THREE MONTHS: *No*

(WHO DID NOT ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON) TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED

27a SIGNATURE: *Raymond Holderman* DATE SIGNED - (MONTH, DAY, YEAR): *4-23-88*

NAME AND ADDRESS OF CERTIFIER: *Raymond Holderman, D.O., 170th & Torrence, Calumet City, IL* ILLINOIS LICENSE NUMBER: *36-43523*

NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER: *Raymond Holderman* NOTE IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

BURIAL, CREMATION, REMOVAL (SPECIFY): *BURIAL* CEMETERY OR CREMATORY - NAME: *Woodlawn Memory* LOCATION: *Harvey, Illinois* DATE: *April 29, 1988*

FUNERAL HOME: *Metropolitan Funeral Home* FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: *8106*

FUNERAL DIRECTOR'S SIGNATURE: *Shirley C. Fox* DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): *April 26, 1988*

LOCAL REGISTRAR'S SIGNATURE: *Jane McLaren*

ILLINOIS DEPARTMENT OF PUBLIC HEALTH - OFFICE OF VITAL RECORDS (BASED ON 1978 U.S. STANDARD CERTIFICATE)

# UNOFFICIAL COPY

FILE NO. RI139542A

## EXHIBIT "A"

ALL OF LOT 21 AND LOT 22 (EXCEPT THE NORTH 15 FEET THEREOF) IN BLOCK 3 IN CROISSANT PARK MARKHAM, BEING A SUBDIVISION OF LOT 2 (EXCEPT THE NORTH 15.61 FEET THEREOF) ALL OF LOTS 3, 4, 5 AND 6 IN LAW'S SUBDIVISION OF THE SOUTH HALF OF THE SOUTH EAST QUARTER OF SECTION 19, TOWNSHIP 36 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, ALSO THAT PART OF THE SOUTH WEST QUARTER OF THE SOUTH WEST QUARTER OF SECTION 20, TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST AND NORTH WEST OF THE RIGHT OF WAY OF THE ILLINOIS CENTRAL RAILROAD IN COOK COUNTY, ILLINOIS.

COMMONLY KNOWN AS: 16542 SOUTH WOLCOTT AVENUE  
MARKHAM, IL 60426

*Property of Cook County Clerk's Office*  
*PA 29-19-417-052-0020*