

UNOFFICIAL COPY



0611845075

DECEASED JOINT
TENANCY AFFIDAVIT

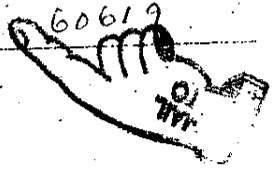
Doc#: 0611845075 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 04/28/2006 11:31 AM Pg: 1 of 3

STATE OF ILLINOIS]
COUNTY OF]

MAXINE E. FLEMING being duly
sworn states that I resides at 7840 S. MARYLAND
in the City of CHICAGO

That I was acquainted ROBERT COLEMAN
deceased who, at the time of
HIS death, was one of the owners of the land in
COOK County, Illinois, described as:

MAXINE E. FLEMING
7840 S. MARYLAND AVE
CHICAGO IL 60619



P.I.N. 20-26-317-032-0000

That the deceased died 9-17-2005
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

MAXINE E. FLEMING

this 28th day of April, A.D. 19 2006

[Signature]
Notary Public

Maxine Fleming
(affiant signature)

0021350053

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LEGAL DESCRIPTION

NORTH 15 FEET OF LOT 17 AND SOUTH 15 FEET OF LOT 16 IN BLOCK 87 IN CORNELL IN THE WEST ½ OF THE SOUTHWEST 1/4 OF SECTION 26, TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property of Cook County Clerk's Office

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH
STATE FILE NUMBER
613381

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER
DECEASED-NAME Robert
FIRST MIDDLE LAST Coleman Jr.
SEX Male
DATE OF DEATH (MONTH, DAY, YEAR) September 17, 2005

COUNTY OF DEATH Cook
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER Chicago, Chicago
AGE-LAST BIRTH (YRS) 70
HOSPITAL OR OTHER INSTITUTION (NAME, STREET AND NUMBER) Holy Cross
IF HOME OR INST. OPERATED (SPECIFY)

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) England, Arkansas
SOCIAL SECURITY NUMBER 329-26-5216
RESIDENCE (STREET AND NUMBER) 7840 S. Maryland
CITY, TOWN, TWP. OR ROAD DISTRICT NO. Chicago
INSIDE CITY (YES/NO) YES
COUNTY Cook

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) DIVORCED
USUAL OCCUPATION Janitor
KIND OF BUSINESS OR INDUSTRY Chicago Housing Authority
EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary (8-12)
College (1-4 or 5+)

RELATIONSHIP Records
MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 7838 S. Cottage Grove Chicago, IL 60619
MOTHER-NAME Edith Spraggins

INFORMANT'S NAME (TYPE OR PRINT) Andrew Leak
RELATIONSHIP 17c
MAILING ADDRESS (STREET AND NO. OR P.O. BOX, CITY OR TOWN, STATE, ZIP) 7838 S. Cottage Grove Chicago, IL 60619

18. PART I: Immediate Cause (Final disease or condition resulting in death)
19a. AUTOPSY (YES/NO) NO
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF THIS CERTIFICATE (YES/NO) NO
19c. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? YES/NO

18. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
Cholesterol's Carcinoma

20b. MAJOR FINDINGS OF OPERATION
21a. HOUR OF DEATH 10 37 P M
21b. DATE SIGNED (MONTH, DAY, YEAR) 09 24 05

22a. SIGNATURE (TYPE OR PRINT) Rupani
22b. ILLINOIS LICENSE NUMBER 036-061662

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 6224 S. Ashland Chicago IL
22d. NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH THE CROMER OR MEDICAL EXAMINER MUST BE NOTIFIED.

23. BURIAL CREMATION, REMOVAL (SPECIFY) BURT DAK
CEMETERY OR CREMATORY-NAME BURT DAK
CITY OR TOWN ASID, IL
STATE IL
DATE (MONTH, DAY, YEAR) 09/22/2005

24a. FUNERAL HOME Leak and Sons Funeral Home
STREET AND NUMBER OR P.O. BOX 7838 S Cottage Grove Chicago, Illinois 60619
CITY OR TOWN Chicago, IL
STATE IL
ZIP 60619

25a. FUNERAL DIRECTOR'S SIGNATURE
25b. LOCAL REGISTRAR'S SIGNATURE
25c. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 22 2005
26a. LOCAL REGISTRAR'S SIGNATURE
26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 22 2005

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO
SEP 22 2005

1. JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS FOR THE CITY OF CHICAGO 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 ORDINANCE OF SAID LAW AND ORDINANCES.



Local Registrar
John L. Wilhelm, M.D.

CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.