

UNOFFICIAL COPY



0612131086

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0612131086 Fee: \$28.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 05/01/2006 12:16 PM Pg: 1 of 3

STATE OF ILLINOIS }
COUNTY OF }
}

Mitchell Morgan being duly sworn states that I resides at 1273 West 13th St in the City of Chicago

That I was acquainted Mattie Morgan 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. 20-29-114-004-8000

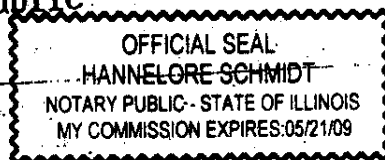
That the deceased died 5-31-06 as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said

this 15th day of MAY, A.D. 2006

Hannelore Schmidt
Notary Public

Mitchell Morgan
(affiant signature)



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Lot 39 in Block 3 in Weddell and Cox's Hillside subdivision in the North West 1/4 of Section 29, Township 38 North, Range 14, East of the 3rd P.M., map whereof was recorded April 3, 1899 in Book 34 of plats, page 8, in Chicago, Cook County, Illinois

Pin #20-29-111-004

Property of Cook County Clerk's Office

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

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER **611316**

DECEASED - NAME: **Hattie Morgan** SEX: **Female** DATE OF DEATH: **May 31, 1981**

REGISTRATION DISTRICT NO: **16.10**

DECEASED - NAME: **Hattie Morgan** AGE - LAST BIRTHDAY (YRS): **59** DATE OF BIRTH (MO., DAY, YEAR): **6 Oct. 26, 1921** COUNTY OF DEATH: **Cook**

RACE: **Black** ORIGIN OR DESCENT: **American** UNDER 1 YEAR: **5c.** HOURS: **5c.** MIN: **5c.** DATE OF BIRTH (MO., DAY, YEAR): **6 Oct. 26, 1921** COUNTY OF DEATH: **Cook**

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: **Chicago** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER GIVE STREET AND NUMBER): **St. Bernards Hospital** IF HOSP. OR INST. ABBREVIATE DOA, OTHERWISE RM. INPATIENT (SPECIFY): **7d. D.O.A.**

STATE OF BIRTH (IF NOT IN U.S.A. NAME COUNTRY): **Alabama** CITIZENSHIP OF WHAT COUNTRY: **U.S.A.** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **10. Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE): **11. Mitchell Morgan**

SOCIAL SECURITY NUMBER: **12. 420-24-7553** USUAL OCCUPATION: **13a. Housewife** KIND OF BUSINESS OR INDUSTRY: **13b. At Home** U.S. WAR VETERAN (YES, NO): **13c. No** WAR OR DATES OF SERVICE: **13d. None**

RESIDENCE STREET AND NUMBER: **14a. 1273 West 72nd Street** CITY, TOWN, TWP. OR ROAD DISTRICT NO.: **Chicago** INSIDE CITY (YES, NO): **14c. Yes** COUNTY: **14d. Cook** STATE: **14e. Illinois**

FATHER - NAME: **15. Walter Reese** MOTHER - MAIDEN NAME: **16. Lora Holley**

INFORMANT'S SIGNATURE: **17a. Mitchell Morgan Jr.** RELATIONSHIP: **17b. Husband** MAILING ADDRESS (STREET AND NO. OR P.O. BOX) CITY OR TOWN, STATE, ZIP: **17c. 1273 W. 72ND ST. CHICAGO, ILL 60641**

DEATH WAS CAUSED BY IMMEDIATE CAUSE: **18. (a) Ventricular Fibrillation** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH: **Minutes**

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Acute Myocardial Infarction** **Minutes**

(c) Atherosclerotic Heart Disease **Years**

PART II OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a). AUTOPSY (YES, NO): **19a. No** IF YES, REEL FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH: **19b.**

DATE OF OPERATION, IF ANY: **20a.** MAJOR FINDINGS OF OPERATION: **20b.**

I ATTENDED THE DECEASED FROM: **21a. 1-30** TO: **21b. 5-31-81** AND LAST SAW HIM/her ALIVE ON: **21c. 5-23-81** HOUR OF DEATH: **21d. 3:05 P.M.**

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED: **22a. June 1, 1981**

SIGNATURE: **22a. David B. Lieb, M.D.** NAME AND ADDRESS OF CERTIFIER: **22c. David B. Lieb, M.D. 111 N. Wabash, Chicago, Illinois** ILLINOIS LICENSE NUMBER: **22d. 36-50096**

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE MEDICAL EXAMINER MUST BE NOTIFIED

BURIAL, CREMATION, REMOVAL (SPECIFY): **23a. Burial** CEMETERY OR CREMATORY NAME: **23b. St. Mary Cemetery** LOCATION: **23c. Evergreen Park Illinois** DATE: **23d. June 6, 1981**

FUNERAL HOME: **24a. A.A. Rayner & Sons** NAME: **318 East 71st. Street** CITY OR TOWN: **Chicago** STATE: **Illinois** ZIP: **60619**

FUNERAL DIRECTOR'S SIGNATURE: **25a. [Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **25c. 626**

LOCAL REGISTRAR'S SIGNATURE: **25b. [Signature]** DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **25d. JUN 2 1981**

CHICAGO DEPT. OF HEALTH
RICHARD J. DALEY CENTER, ROOM 111
CONCOURSE LEVEL, CHICAGO 60602

DATE REC'D BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. JUN 2 1981**

Illinois Department of Public Health - Office of Vital Records
(BASED ON 1973 U.S. STANDARD CERTIFICATE)

051
DECEASED
718
700
PARENTS
1101 B
114 C
CAUSE
CERTIFIER
DISPOSITION