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Doc#: 0617821004 fee: \$42.00  
Date: 06/27/2006 10:49 AM Pg: 1 of 5  
Cook County Recorder of Deeds  
\*RHSP FEE \$10.00 Applied

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(SPACE ABOVE THIS LINE FOR RECORDER'S USE)

**AFTER RECORDING MAIL TO:**

SERVICE LINK  
4000 Industrial Blvd.  
Aliquippa, Pa 15001  
1-800-439-5451  
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1193129

**Affidavit of Continuous Marriage**

DOCUMENT TITLE

# UNOFFICIAL COPY

## Affidavit of Continuous Marriage

State of IL  
County of COOK

Before me, the undersigned Notary Public, personally known to me (or proved on the basis of satisfactory evidence) appeared Nora T. EI,  
(hereinafter "Affiant) who's Social Security Number is \_\_\_\_\_, who being first duly sworn, deposes and says that Affiant has personal knowledge of the facts and matters set forth herein.

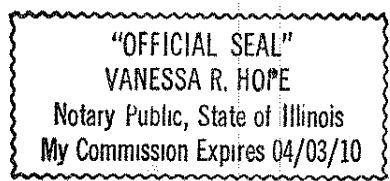
- Affiant is over the age of eighteen (18) years and resides at 16231 S. Homan, Markham, IL
- Affiant further states that she is executing this Affidavit for the purpose of establishing in the public records that Nora T. EI and ETHAN EI were married to each other, and such marriage has been continuous and uninterrupted from March 31, 1959 through July 23, 2002
- Affiant is aware that Chicago Title Insurance Company is relying upon this Affidavit to issue title insurance policies and that in its normal course of business may be called upon to issue additional title insurance policies. Affiant does hereby indemnify Chicago Title Insurance Company against any loss or damage caused as a result of any inaccuracies contained in this Affidavit. Affiant has caused this Affidavit to be executed this 10<sup>th</sup> day of June 2006.

Nora T. EI  
Nora T EI

Sworn to and subscribed before me a Notary Public for the State and County aforesaid this 10<sup>th</sup> day of June 2006

[Signature]  
Notary Public

My Commission Expires 4-3-2010





To

attn: BARB YARD

Copy of death Cert  
of Elmer El

Sincerely  
Nora T. El

Mrs. Nora T. El

Property of Cook County Clerk's Office



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STATE OF ILLINOIS

STATE FILE  
NUMBER

10. REGISTRATION DISTRICT NO. <b>16,0</b>		REGISTERED NUMBER		<b>MEDICAL CERTIFICATE OF DEATH</b>			
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1. <b>Elihu</b>		<b>El</b>			<b>Male</b>	<b>July 23 2002</b>	
COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. <b>Cook</b>		5a. <b>72</b>	5b.	5c.	5d. <b>March 1, 1930</b>		
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME IF NOT INCL. IN 6b. GIVE STREET AND NUMBER			6c. INPATIENT		
6a. <b>Hazel Crest</b>		6b. <b>South Suburban Hospital</b>					
PLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		9. WAS DECEASED IN ARMED FORCES? (YES/NO)	
7. <b>Chicago, IL</b>		8a. <b>Married</b>		8b. <b>Nora Greedney</b>		9. <b>Yes</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10. <b>351-24-6469</b>		11a. <b>Computer Oper.</b>		11b. <b>Hines Vet. Adm.</b>		12. <b>12th</b>	
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY	
13a. <b>16231 Homan Avenue</b>		13b. <b>Markham</b>		13c. <b>Yes</b>		13d. <b>Cook</b>	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY))		OF HISPANIC ORIGIN? (SPECIFY AND OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)		
13a. <b>Illinois</b>		3l. <b>60426</b>	14b. <b>Black American</b>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST					
15. <b>Ora Robertson El</b>		16. <b>Claresia Ellis</b>					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
17a. <b>Nora El</b>		17b. <b>Wife</b>		17c. <b>16231 Homan Avenue Markham, Illinois 60426</b>			
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					
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Septicaemia with Sepsic Shock</b>		10 Days			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Primary Amyloidosis</b>		YEARS			
		(c) <b>Chronic Renal Failure</b>		11			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause shown in PART I.		AUTOPSY (YES/NO)		NOTE: IF AUTOPSY IS PERFORMED, REPORT TO DEPARTMENT OF HEALTH, DIVISION OF VITAL RECORDS			
20a. <b>NO</b>		19a. <b>NO</b>		19b.			
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?			
20a.		20b.		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>			
11(DID) (OR HOW) ATTEND THE DECEASED AND LAST SAWN NUMBER ALIVE ON		MONTH, DAY, YEAR		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
21a.		<b>07-23-02</b>		21b. <b>NO</b>		21c. <b>9:50 A.M.</b>	
22a. SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)					
22a. <b>[Signature]</b>		22b. <b>7-26-02</b>					
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER					
22c. <b>DR. NARENDA AMEN 16148 S. KADZEE AVE MARKHAM IL 60426</b>		22d. <b>036058553</b>					
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
23.		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY NAME		LOCATION CITY OR TOWN STATE	
24a. <b>Burial</b>		24b. <b>National Cemetery</b>		24c. <b>Elwood, Illinois</b>		DATE (MONTH, DAY, YEAR)	
FUNERAL HOME		STREET AND NUMBER OR R.F.D.		CITY OR TOWN		STATE ZIP	
25a. <b>W.W. Holt Funeral Home</b>		175 West 159th Street		Harvey, Illinois		60426	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S LICENSE NUMBER					
25b. <b>[Signature]</b>		25c. <b>10992</b>					
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)					
26a. <b>KAREN L. SCOTT, M.D.</b>		26b. <b>July 29 2002</b>					
REGISTRAR		[Signature]					

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths.

DATE July 29, 2002

SIGNED

Carol R. Crumpton

Official Title Chief Deputy Registrar

At Cook County Dept. of Public Health

1010 Lake Street

Oak Park, IL 60301



