

UNOFFICIAL COPY



Doc#: 0619118083 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/10/2006 04:08 PM Pg: 1 of 1

AFFIDAVIT BY SURVIVING JOINT TENANT

STATE OF ILLINOIS
SS
COUNTY OF COOK

ZEOLA CARTER, being first duly sworn, upon oath deposes and says:

That she resides at 8917 S. Halsted Street, in the City of Chicago, Illinois, and that she is one of the parties who took title, not in tenancy in common, but in joint tenancy, to real estate shown situated in said Cook County, Illinois described as follows:

Lot 40 in Block 24 (except that part of said lot lying West of a line 50 feet East of and parallel with the West line of Section 4) in Sisson and Newman's South Englewood subdivision of the North West 1/4 of Section 4, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Real Estate Index Number(s): 25-04-116-007-0000

Affiant states that RICHARD CARTER, one of said owners in joint tenancy, died intestate, in the City of Evergreen Park in the State of Illinois as in confirmed by a Certificate of Death of the health department of said municipality hereto attached.

Further, that the affiant makes this affidavit and affiant guarantees the truth of the statements herein contained.

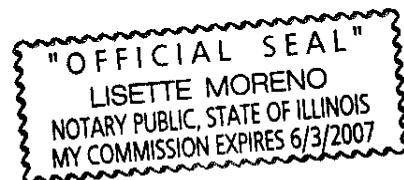

ZEOLA CARTER

Subscribed and Sworn to before me

this 2 day of May, 2006.



Notary Public



Zeola Carter
8917 S. Halsted
Chicago, IL 60620

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STATE FILE NUMBER

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 16:33	DECEASED-NAME	FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
REGISTERED NUMBER 233	RICHARD			CARTER	2. MALE	3. MARCH 23, 2002
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 DAY	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)	IF HOSP. OR INST. INDICATE D.O.A., OPHEMER. RM., INPATIENT (SPECIFY)	
4. COOK	5a. 69	5b. HOURS	5c. DAYS	5d. Saturday, April 30, 1932	6c. INPATIENT	
CITY, TOWN, TWP. OR ROAD DISTRICT NO.	6a. EVERGREEN PARK		6b. LITTLE COMPANY OF MARY HOSPITAL		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN, M., IF WIFE)		9. No	
	8a. Married		Zeola Bland		10. College (1-4) g	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	11a. Driver	11b. Trucking	11c. CHICAGO	11d. COOK	
10. 427-56-8572						
RESIDENCE (STREET AND NUMBER)	13a. 8917 SOUTH HALSTED	13b. CHICAGO	13c. YES	13d. COOK	COUNTY	
	ZIP CODE	14a. Black	14b. YES	14c. YES	OF HIS P.A.N.I.? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	
13e. ILLINOIS	13f. 60620					
FATHER-NAME	FIRST	MIDDLE	LAST	MOTHER-NAME	FIRST	MIDDLE
	Richard	Carter,	Sr.	Leana	Avant	
15. INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP		MAILING ADDRESS (STREET, CITY OR TOWN, STATE, ZIP)		APPROXIMATE INTERVAL BETWEEN DEATH AND INTERVIEW	
17a. DORIS SORENSON/CLERK	HOSPITAL		2800 WEST 95TH STREET		Days	
17b. RECORDS	17c. EVERGREEN PARK, ILLINOIS		60805			
18. PART I. Enter the disease, or complications that cause or contribute to death. Do not enter the mode of dying, such as cardiac or respiratory arrest.						
(a) Immediate Cause (Final disease or condition resulting in death)						
Cerebral Vascular Accident						
(b) DUE TO, OR AS A CONSEQUENCE OF						
DUE TO, OR AS A CONSEQUENCE OF						
(c) IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.						
DATE OF OPERATION, IF ANY						
20a. (DID) (SIGN) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON						
21a. 3/22/02						
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.						
22a. SIGNATURE						
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)						
22c. Ames Hussein 2800 W 95TH Evergreen Park						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)						
23. ILLINOIS LICENSE NUMBER						
22d. 03 4066157						
NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.						
24. BURIAL						
CEMETERY OR CREMATORY—NAME						
24b. Washington Memory						
LOCATION						
24c. Homewood, Illinois						
STREET AND NUMBER OR R.F.D.						
24d. 7838 Cottage Grove Chicago, Illinois 60619						
FUNERAL HOME						
25a. Leak And Sons Funeral Home						
FUNERAL DIRECTOR'S SIGNATURE						
25b. Signature						
FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER						
25c. 031-007489						
LOCAL REGISTRAR'S SIGNATURE						
26a. Annette Thauer						
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26b. MARCH 28, 2002						

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE DEATH RECORD OF THE PERSON 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 MARCH 28, 2002
 AT EVERGREEN PARK, ILLINOIS

REGISTRAR Annette Thauer
 DEPUTY REGISTRAR