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Doc#: 0619244108 Fee: \$26.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/11/2006 03:41 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

State of Illinois)

) ss

County of C o o k)

JAMES A. DE VOS,
hereinafter referred to
as the affiant deposes
and states

that the affiant resides at:

2220 W. OAKLEY BOULEVARD, LAS VEGAS, NV 89102;

That the decedent, BARBARA L. DE VOS, at the time of her death was one of the owners of the property in COOK County, Illinois, to wit:

LOT 2 IN VODNIK SUBDIVISION BEING A RESUBDIVISION OF LOT 86 (EXCEPT THE WEST 100 FEET) IN ARTHUR T. MCINTOSH AND COMPANY'S FOREST RIDGE FARMS, BEING A SUBDIVISION OF THE WEST 1/2 OF THE SOUTH EAST 1/4, ALSO THAT PART OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 LYING NORTHERLY OF THE NORTHWESTERLY LINE OF THE RIGHT OF WAY OF THE CHICAGO, ROCK ISLAND AND PACIFIC RAILROAD OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PIN: 28-16-404-024-0000

Commonly known as: 5107 West 156th Street, Oak Forest, IL 60452

That said decedent died on June 1989 leaving (no) ~~was~~ last will and testament;

That the total value of the estate of said decedent including her taxable interest in the above real estate is \$ NONE.

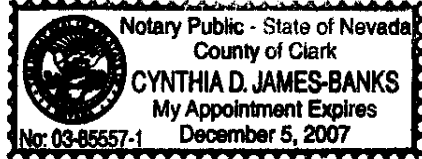
That the Illinois Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full.

Dated: 8 June 2006
STATE OF NEVADA
County of CLARK

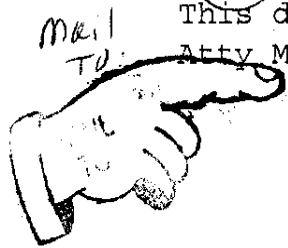
* James A. De Vos
JAMES A. DE VOS

Subscribed and Sworn to
before me by JAMES A. DE VOS
this 8 day of June, 2006.

Cynthia D. James-Banks
Notary Public



This document prepared by:
Atty Medard M. Narko, 15000 S. Cicero, Oak Forest, IL 60452



JUNE 27, 2006

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

DISTRICT NO. <u>16.0</u>		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH <u>19-035769</u>			
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1 <u>Barbara L. De Vos</u>		<u>Female</u>	<u>3 June 15, 1989</u>		
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)
4 <u>Cook</u>		5a <u>47</u>	5b	5c	5d <u>July 2, 1941</u>
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A., OP-EMER. RM., INPATIENT (SPECIFY)	
8a <u>Hazel Crest</u>		8b. <u>South Suburban Hospital</u>		6c. <u>Inpatient</u>	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 <u>Illinois</u>		8a <u>Married</u>	8b. <u>James A. De Vos</u>		9.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
10 <u>330-34-0305</u>		11a <u>HOME MAKER</u>	11d <u>OWN HOME</u>	12 <u>12</u>	
RESIDENCE (STREET, NUMBER)		CITY, TOWN, OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	
13a <u>16150 South Cicero Av</u>		13b. <u>Oak Forest</u>	13c. <u>Yes</u>	13d. <u>Cook</u>	
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISPANIC)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)	
13e <u>Illinois</u>		13f <u>60452</u>	14a. <u>White</u>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY	
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST			
15 <u>CASEY JONES</u>		16. <u>AMELIA MACHA</u>			
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (CITY, STATE, ZIP)		
17a. <u>Cara M. Parker</u>		<u>Spouse</u>	<u>1000 South Kedzie Avenue, Hazel Crest, Illinois 60429</u>		
PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as "accident," "fall," "stroke," 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					
1a. <u>AdenoCa of lung</u>					<u>months</u>
DUE TO OR AS A CONSEQUENCE OF					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST					
1b. <u></u>					
DUE TO OR AS A CONSEQUENCE OF					
1c. <u></u>					
PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I					
DATE OF OPERATION IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	
20a <u>Nov/88</u>		20b <u>Ca of lung</u>		19a <u>No</u> 19b	
IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH	
<u>NO</u>		21b. <u>NO</u>		21c. <u>12:35 P.M.</u>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED			DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE <u>Francisco B. Echevarria</u>			22b. <u>6/15/89</u>		
NAME AND ADDRESS OF CERTIFIER			ILLINOIS LICENSE NUMBER		
22c. <u>1868 Central Home, Oak Forest</u>			22d. <u>36-40284</u>		
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. <u>F. W. Echevarria</u>					
BURIAL OR CREMATION REMOVAL (SPECIFY)		CEMETERY OR CREMATORY - NAME	LOCATION	CITY OR TOWN	STATE
24a. <u>CREMATION</u>		24b. <u>MEMORIAL PARK</u>	24c. <u>MONEE, ILLINOIS</u>		DATE (MONTH, DAY, YEAR)
FUNERAL HOME		STREET AND NUMBER OR P.O.		CITY OR TOWN	STATE ZIP
25a. <u>McKENZIE FUNERAL HOME</u>		<u>15618 S. CICERO AV.</u>		<u>OAK FOREST, ILLINOIS</u>	
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25b. <u>Charles K McKenzie</u>		25c. <u>7184</u>			
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <u>DAREN L. SCOTT, REG.</u>		26b. <u>June 19 1989</u>			

Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

A DECEASED B C D E

PARENTS

CAUSE

CERTIFIER

DISPOSITION