

UNOFFICIAL COPY



0619412100

DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0619412100 Fee: \$28.50
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 07/13/2006 04:41 PM Pg: 1 of 3

STATE OF ILLINOIS]
COUNTY OF]

KAREN WASHINGTON-JONES being duly
sworn states that I resides at 10314 So. VERNON
AVENUE in the City of CHICAGO,
ILLINOIS



That I was acquainted THELSON JONES JR.
deceased who, at the time of

HIS death, was one of the owners of the land in
COOK County, Illinois, described as:

P.I.N. 25-15-200-023-0000

That the deceased died July 1, 2006
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

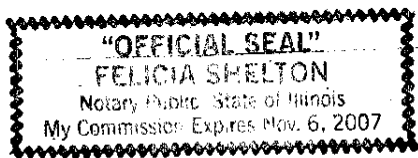
Subscribed and sworn to before me by the said

Karen Washington-Jones

this 13 day of July, A.D. 2006

Felicia Shelton
Notary Public

Karen Washington-Jones
(affiant signature)

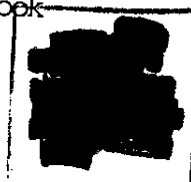


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Property of Cook County Clerk's Office

Lot 1478 in Frederick H. Partlett's Greater Chicago Subdivision No. 2, being a subdivision of that part of the North 1/2 of the North 1/2 of the Northeast 1/4 of Section 15, Township 37 North, Range 14, East of the Third Principal Meridian, lying West of and adjoining Illinois Central Railroad right of way, in Cook County, Illinois

PIN: 25-15-200-023 Vol 289



DISTRICT NO. 10.1U
REGISTERED NUMBER
DECEASED-NAME THELMON
COUNTY OF DEATH THELMON
CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
AGE-LAST BIRTHDAY (YRS) JONES JR. 2 MALE
DATE OF BIRTH (MONTH, DAY, YEAR) JULY 1, 2006
DATE OF DEATH (MONTH, DAY, YEAR) JULY 1, 2006
SEX
HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
IF HOSP. OR INST. INDICATE D.O.A. OR OTHER, RM, INPATIENT (SPECIFY)
STATE FILE NUMBER 609241

MEDICAL CERTIFICATE OF DEATH

1. DECEASED-NAME FIRST MIDDLE LAST JONES JR. 2. SEX MALE 3. DATE OF BIRTH (MONTH, DAY, YEAR) JULY 1, 2006
4. COUNTY OF DEATH THELMON
5. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER
6. AGE-LAST BIRTHDAY (YRS) 58
7. DATE OF BIRTH (MONTH, DAY, YEAR) 5d JUNE 11, 1948
8. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
9. IF HOSP. OR INST. INDICATE D.O.A. OR OTHER, RM, INPATIENT (SPECIFY)

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO
6b. THE UNIVERSITY OF CHICAGO HOSPITALS
6c. INPATIENT
7. DETROIT, MI
8a. MARRIED
8b. KAREN WASHINGTON
8c. WAS DECEASED EVER IN U.S. ARMED SERVICES? (YES/NO) YES
9. SOCIAL SECURITY NUMBER
10. RESIDENCE (STREET AND NUMBER) 327-38-2376
11a. Agent
11b. Bell's Realty
12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
13a. INSIDE CITY YES
13b. COUNTY COOK
13c. YES

14. OTHER NAME FIRST MIDDLE LAST THELMON JONES, SR.
15. FATHER'S NAME FIRST MIDDLE LAST THELMON JONES, SR.
16. MOTHER-NAME FIRST MIDDLE LAST PAULINE WILLIAMS
17a. GINA L. GIBSON
17b. RECORDS
17c. CHICAGO, ILLINOIS 60637
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.
19. IMMEDIATE CAUSE (Final disease or condition resulting in death)
(a) SEPTIC SHOCK
(b) VANCOMYCIN RESISTANT ENTEROCOCCUS BACTEREMIA
(c) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CAUSE LAST

20. MAJOR FINDINGS OF OPERATION
21. DATE OF OPERATION, IF ANY
22. SIGNATURE (TYPE OR PRINT) ERICA BROOKS, M. D.
23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ERICA BROOKS, M. D.
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25. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) ERICA BROOKS, M. D.
26. EDWARD NAURECKAS, M. D.
27. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO
28. DETROIT, MI
29. SOCIAL SECURITY NUMBER
30. RESIDENCE (STREET AND NUMBER) 10314 VERNON
31. INSIDE CITY YES
32. COUNTY COOK
33. YES

34. BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
35. SIGNATURE (TYPE OR PRINT) ERICA BROOKS, M. D.
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40. DETROIT, MI
41. SOCIAL SECURITY NUMBER
42. RESIDENCE (STREET AND NUMBER) 10314 VERNON
43. INSIDE CITY YES
44. COUNTY COOK
45. YES

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53. SOCIAL SECURITY NUMBER
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55. INSIDE CITY YES
56. COUNTY COOK
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76. DETROIT, MI
77. SOCIAL SECURITY NUMBER
78. RESIDENCE (STREET AND NUMBER) 10314 VERNON
79. INSIDE CITY YES
80. COUNTY COOK
81. YES

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86. EDWARD NAURECKAS, M. D.
87. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO
88. DETROIT, MI
89. SOCIAL SECURITY NUMBER
90. RESIDENCE (STREET AND NUMBER) 10314 VERNON
91. INSIDE CITY YES
92. COUNTY COOK
93. YES

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

JUL 06 2006

1. FERRY MASON 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 OBDINANCE OF SAID LAW AND ORDINANCES.



CITY OF CHICAGO
DEPARTMENT OF PUBLIC HEALTH

THIS CERTIFICATE COPY VALID WHEN
MULTICOLOR SIGNATURE SEAL IS
AFFIXED.