



Doc#: 0619517021 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 07/14/2006 09:39 AM Pg: 1 of 2

DECEASED JOINT  
TENANCY AFFIDAVIT

0388696-25  
DOR 604 29-18-215-036-000

STATE OF ILLINOIS

COUNTY OF Cook

(1042)

Ernestine Jackson being duly sworn states that

Ernestine Jackson resides at 15340 So. Ashland Ave. in the City of Harvey Illinois

That Ernestine Jackson was acquainted Al S. Jackson, Sr. deceased who, at the time of 6:00 pm.

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

P. I. N. 29-18-215-036-000

That the deceased died April 23, 1999

as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said

Ernestine Jackson

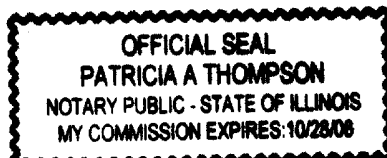
this 27<sup>th</sup> day of June, A.D. 2006.

[Signature]  
Notary Public

Ernestine Jackson  
(affiant signature)

SK  
P2  
MY  
BMP

Joe [Signature]  
Prepared by & Return to:  
TransContinental Title Co.  
4033 Tampa Rd Suite 101  
Oldsmar, FL 34677  
800-225-7897



# UNOFFICIAL COPY

STATE FILE NUMBER

## MEDICAL CERTIFICATE OF DEATH

10. REGISTRATION DISTRICT NO. 16-34

REGISTERED NUMBER

DECEASED - NAME AL JACKSON, Sr.	FIRST MIDDLE LAST	SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) APRIL 20 1993
COUNTY OF DEATH COOK	AGE - LAST BIRTHDAY (YRS) 5a. 75	UNDER 1 DAY HOURS MIN 5b. 5c.	DATE OF BIRTH (MONTH, DAY, YEAR) MARCH 24 1918
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. HARVEY	HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. INGALLS MEMORIAL HOSPITAL	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. EARNESTINE SHORT	IF HOSP. OR INST. INDICATE P.O.A. OF DEATH OR INSTRUMENT (SPECIFY) 6c. EMER RM
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. ARKANSAS	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. MARRIED	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. College (1-4 or 5-7)	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. YES
SOCIAL SECURITY NUMBER 10. 326-16-5174	USUAL OCCUPATION 11a. LABORER	KIND OF BUSINESS OR INDUSTRY 11b. FORD MOTOR	
RESIDENCE (STREET AND NUMBER) 13a. 15240 ASHLAND	CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. HARVEY	INSIDE CITY (YES/NO) 13c. YES	COUNTY 13d. COOK
STATE 13e. ILLINOIS	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) 14a. BLACK	OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO	
FATHER - NAME 15. JAMES EARL JACKSON	MOTHER - NAME 11. RHODA	RELATIVES - IP 17b. NONE	(MAIDEN) LAST DENT
INFORMANT'S NAME (TYPE OR PRINT) 17a. HELEN BUCK MEDICAL RECORDS	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) ONE INGALLS DR HARVEY IL 60426		
18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) <u>Acute myocardial infarction</u> (b) <u>atherosclerosis</u> (c) <u>hypertension</u>	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	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Diabetes Mellitus</u>	DATE OF OPERATION, IF ANY 20a. <u>Apr 6, 1993</u>	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19a. NO	IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
(100) (910) (910) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE OR 21a. <u>Apr 6, 1993</u>	TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. 22a. SIGNATURE OF CERTIFIER <u>Edward Melchior</u>	WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. YES	HOUR OF DEATH 21c. 7:05 P. M.
NAME AND ADDRESS OF CERTIFIER 22c. <u>156 ST. HARVEY IL</u>	ILLINOIS LICENSE NUMBER 22d. <u>36-38583</u>	DATE SIGNED (MONTH, DAY, YEAR)	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH, THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.
23. NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER) <u>W. W. Holt</u>	CITY, JR TOWN 24c. Homewood, Illinois	DATE (MONTH, DAY, YEAR) 24d. April 24, 1993	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>	CEMETERY OR CREMATORY - NAME 24b. Washington	STREET AND NUMBER OR R.F.D. 175 West 159th Street	FUNERAL HOME Harvey, Illinois 60426
FUNERAL DIRECTOR'S SIGNATURE 25b. <u>W. W. Holt</u>	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 10992		
LOCAL REGISTRAR'S SIGNATURE 26a. <u>Shirley L. Davis</u>	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <u>April 27, 1993</u>		

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH record for the person named therein and that this record was established and filed in my office in accordance with provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBORNS AND DEATHS.

DATED \_\_\_\_\_ SIGNED Shirley L. Davis LOCAL REGISTRAR AT HARVEY, ILLINOIS.

The original of this record is permanently filed with the Illinois Dept. of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certification from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facts evidence in all courts and places of the facts therein stated.