

# UNOFFICIAL COPY



0623715001

## DECEASED JOINT TENANCY AFFIDAVIT

Doc#: 0623715001 Fee: \$28.50  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 08/25/2006 01:19 PM Pg: 1 of 3

STATE OF ILLINOIS

COUNTY OF

Kim Alford

being duly

sworn states that

I

resides at

9811 S.

GENOA

in the City of

CHICAGO

That I was acquainted

HOWARD ALFORD

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. 25-08-226-030-0000

That the deceased died

November 23, 2006

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

Subscribed and sworn to before me by the said

KIM ALFORD.

this

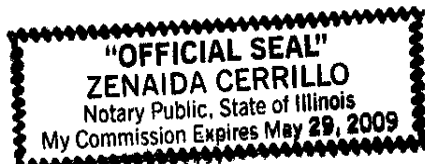
23

day of

August A.D. 19 2006.

Zenaida Cerrillo  
Notary Public

Kim Alford  
(affiant signature)



|      |          |       |        |      |     |     |   |   |   |   |   |   |   |   |   |    |    |    |    |    |
|------|----------|-------|--------|------|-----|-----|---|---|---|---|---|---|---|---|---|----|----|----|----|----|
| 2    | 5        | 0     | 8      | 2    | 2   | 6   | 0 | 3 | 2 | 7 | 2 | 0 | 3 | 4 | 4 | 7  | 2  | 5  | 8  | 5  |
| AREA | SUB-AREA | BLOCK | PARCEL | CODE | WAR | RAN | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |

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1965 DIVISION

001

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS  
PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

454 VOLUME [REDACTED]

AREA SUB-AREA BLOCK PARCEL TAX CODE  
25- 08- 226- 032 7203

|      |      |       |     |         |     |       |
|------|------|-------|-----|---------|-----|-------|
| SEC. | TOWN | RANGE | LOT | SUB-LOT | LOT | BLOCK |
| 5/8  | 37   | 14    |     |         | 21  |       |

HALSTED ST ADD TO  
WASHINGTON HTS  
(EX S 10FT)&(EX N 10FT)

| AREA | SUB AREA | BLOCK | PARCEL | CODE | WAR | RAN | Block | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|------|----------|-------|--------|------|-----|-----|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 0    | 0        | 0     | 0      | 0    | 0   | 0   | 0     | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  | 0  |
| 46   | 47       | 48    | 49     | 50   | 51  | 52  | 53    | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 |
| 1    | 1        | 1     | 1      | 1    | 1   | 1   | 1     | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  | 1  |
| 2    | 2        | 2     | 2      | 2    | 2   | 2   | 2     | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |
| 3    | 3        | 3     | 3      | 3    | 3   | 3   | 3     | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  | 3  |
| 4    | 4        | 4     | 4      | 4    | 4   | 4   | 4     | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  | 4  |
| 5    | 5        | 5     | 5      | 5    | 5   | 5   | 5     | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  | 5  |
| 6    | 6        | 6     | 6      | 6    | 6   | 6   | 6     | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  | 6  |
| 7    | 7        | 7     | 7      | 7    | 7   | 7   | 7     | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  | 7  |
| 8    | 8        | 8     | 8      | 8    | 8   | 8   | 8     | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  | 8  |
| 9    | 9        | 9     | 9      | 9    | 9   | 9   | 9     | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  | 9  |



Property of Cook County Clerk's Office

6  
Jim Alford  
P.O. Box 436858  
Chicago Ill 60643

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

HACKETT 26518

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NOV 30 2005

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

|   |  |   |  |   |  |  |   |  |   |
|---|--|---|--|---|--|--|---|--|---|
| DECEDENT'S BIRTH NO.  |  | REGISTRATION DISTRICT NO. <b>16.0</b>   |  | STATE OF ILLINOIS   |  |  |   | STATE FILE NUMBER  |   |
|   |  | REGISTERED NUMBER   |  | <b>MEDICAL CERTIFICATE OF DEATH</b>   |  |  |   |  |   |
| Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS |  | DECEASED—NAME FIRST MIDDLE LAST   |  |   | SEX  |  | DATE OF DEATH (MONTH, DAY, YEAR)  |  |   |
| A.....  |  | 1. <b>Howard Alford</b>   |  |   | 2. <b>Male</b>   |  | 3. <b>November 23, 2005</b>   |  |   |
| B.....  |  | 4. <b>Cook</b>  |  | AGE—LAST BIRTHDAY (YRS) 5a. <b>80</b>   |  | UNDER 1 YEAR 5b. <b>0</b>  |   | DATE OF BIRTH (MONTH, DAY, YEAR) 5d. <b>January 10, 1925</b>   |   |
| C.....  |  | CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6a. <b>Oak Lawn</b>  |  | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. <b>Advocate Christ Medical Center</b>   |  |  | IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INFANT (SPECIFY) 6c. <b>Inpatient</b>                            |  |   |
| D.....  |  | BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. <b>Meridian MS</b>  |  | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8a. <b>WIDOWED</b>  |  | NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. <b>None</b>        |   |  | WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) 9. <b>NO</b> |
| E.....  |  | SOCIAL SECURITY NUMBER 10. <b>427-32-5578</b>   |  | USUAL OCCUPATION 11a. <b>Machinist</b>  |  | KIND OF BUSINESS OR INDUSTRY 11b. <b>Factory</b>                       |   | EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) 12. <b>3</b>  |   |
|   |  | RESIDENCE (STREET AND NUMBER) 13a. <b>9811 S Genoa</b>  |  | CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13b. <b>Chicago</b>   |  | INSIDE CITY (YES/NO) 13c. <b>Yes</b>                                   |   | COUNTY 13d. <b>Cook</b>  |   |
|   |  | STATE 13e. <b>Il</b>  |  | ZIP CODE 13f. <b>60643</b>  |  | RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14a. <b>Black</b> |   | OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) 14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: |   |
| PARENTS   |  | FATHER—NAME FIRST MIDDLE LAST 15. <b>Turner Alford</b>  |  |   | MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST 16. <b>Gertherine n/a</b> |  |   |  |   |
| 1.....  |  | INFORMANT'S NAME (TYPE OR PRINT) 17a. <b>Kim L. Alford</b>  |  |   | RELATIONSHIP 17b. <b>Daughter</b>                                |  | MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. <b>9811 S. Genoa Chicago Il 60643</b> |  |   |
| 2.....  |  | 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                  |
| 3.....  |  | Immediate Cause (Final disease or condition resulting in death) → (a) <b>Septic shock</b>   |  |   |  |  |   | 3 days   |   |
| CAUSE   |  | CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (b) <b>Ulcerosis and gangrenous feet</b>   |  |   |  |  |   | 1 week   |   |
| 4.....  |  | PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <b>Acute renal failure; CHF</b>  |  |   |  |  |   |  |   |
| 5.....  |  | DATE OF OPERATION, IF ANY 20a.  |  | MAJOR FINDINGS OF OPERATION 20b.  |  |  |   |  |   |
| N.....  |  | AUTOPSY (YES/NO) 19a. <b>Yes</b>  |  | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19b. <b>No</b>  |  |  |   |  |   |
| P.....  |  | IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>  |  | 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                           |   |  |   |
|   |  | 19. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 21a. <b>11/23/05</b>   |  | WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. <b>No</b>   |  | HOUR OF DEATH 21c. <b>6:18 P. M.</b>                                   |   |  |   |
|   |  | 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) 22b. <b>11/26/05</b>           |
| CERTIFIER   |  | 22a. SIGNATURE → <i>[Signature]</i>   |  | NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22c. <b>VICTOR PAPARI, MD Chicago, IL 60616</b>   |  | ILLINOIS LICENSE NUMBER 22d. <b>036 111216</b>                         |   |  |   |
| ce  |  | NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.   |  |   |  |  |   |  |   |
| DISPOSITION   |  | BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <b>Burial</b>   |  | CEMETERY OR CREMATORY—NAME 24b. <b>Lincoln Cemetery</b>   |  | LOCATION CITY OR TOWN STATE 24c. <b>Chicago Il</b>                     |   | DATE (MONTH, DAY, YEAR) 24d. <b>11-30-05</b>   |   |
|   |  | FUNERAL HOME NAME 25a. <b>Gatling's Chapel Inc 10133 S Halsted St Chicago Il 60628</b>  |  | STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP  |  | FUNERAL DIRECTOR'S SIGNATURE 25b. <i>[Signature]</i>                   |   |  |   |
|   |  | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. <b>034-015437</b>   |  | DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. <b>NOV 30 2005</b>  |  | LOCAL REGISTRAR'S SIGNATURE 26a. <i>[Signature]</i>                    |   |  |   |