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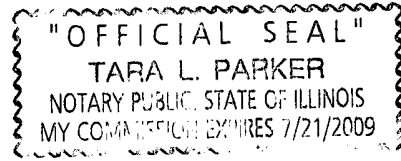
JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

10 day of October, 2006
(Month) (Year)

Tara L. Parker
(Notary Public)

My commission expires: 7/21/09



Note: If the decedent left a will, a certified copy thereof must be presented to ATG for inspection, along with a certified copy of the death certificate and evidence of payment of death taxes, if any.

This instrument prepared by:
Robert G. Guzaldo & Associates, Ltd.
6650 North Northwest Highway, Suite 300
Chicago, Illinois 60631

Return to:
Robert G. Guzaldo & Associates, Ltd.
6650 North Northwest Highway, Suite 300,
Chicago, Illinois 60631

Property of Cook County Clerk's Office

OCTOBER 5, 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
STATE FILE
COUNTY CLERK
615293

REGISTRATION DISTRICT NO. 16.10		STATE OF ILLINOIS		STATE FILE		
REGISTRATION NUMBER		MEDICAL CERTIFICATE OF DEATH				COUNTY CLERK
1. DECEASED-NAME FIRST MIDDLE LAST A.D. WILSON			2. SEX MALE	3. DATE OF DEATH (MONTH, DAY, YEAR) SEPTEMBER 15, 1997		
4. COUNTY OF DEATH COOK		5a. AGE-LAST BIRTHDAY (YRS) 75	5b. UNDER 1 YEAR MOS DAYS	5c. UNDER 1 DAY HOURS MIN	5d. DATE OF BIRTH (MONTH, DAY, YEAR) APRIL 16, 1922	
6a. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER CHICAGO		6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) MOUNT SINAI HOSPITAL MEICAL CENTER		6c. IF HOSP. OR INST. INDICATE D O A OP. EMER RM. INPATIENT (SPECIFY) INPATIENT		
7. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) Mississippi		8a. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED (SPECIFY)) Married		8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Jessie Wilson		9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) No
10. SOCIAL SECURITY NUMBER 428-40-3707		11a. USUAL OCCUPATION Laborer		11b. KIND OF BUSINESS OR INDUSTRY General		12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (10-12) College (1-4 or 5+) 8th
13a. RESIDENCE (STREET AND NUMBER) 4103 W 16TH ST 1ST FL.		13b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. CHICAGO		13c. INSIDE CITY (YES/NO) YES		13d. COUNTY COOK
13e. STATE ILLINOIS	13f. ZIP CODE 60623	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) BLACK		14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. FATHER-NAME FIRST MIDDLE LAST Oliver Wilson			16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST Asilee Bailey			
17a. INFORMANT'S NAME (TYPE OR PRINT) CARMEN MCCLAIN		17b. RELATIONSHIP CLERK		17c. MAILING ADDRESS (STREET AND NO OR R.F.D., CITY OR TOWN, STATE, ZIP) 1500 S. CALIFORNIA AVE CHGO, IL 606		
18. PART I. Enter the diseases, or complications that caused the death. Do not omit the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.						APPROXIMATE INTERVAL BETWEEN DEATH AND DEATH
Immediate Cause (Final disease or condition resulting in death)		(a) Septic				
DUE TO, OR AS A CONSEQUENCE OF		(b) End-stage renal disease				
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(c)				
PART II. Other significant condition contributing to death but not resulting in the underlying cause given in PART I						19a. AUTOPSY (YES/NO) No
19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)						
20a. DATE OF OPERATION, IF ANY		20b. MAJOR FINDINGS OF OPERATION		20c. IF FEMALE, WAS THERE A PREGNANCY IN PAST 12 MONTHS? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. (1) (DID) (NO) (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON 9-15-97			21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) No		21c. HOUR OF DEATH 1:55 PM	
22a. SIGNATURE Koya Pandurangan				22b. DATE SIGNED (MONTH, DAY, YEAR) 9-16-97		22c. ILLINOIS LICENSE NUMBER 036089772
22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) KOYA PANDURANGA, California 15th Street				NOTE: IF AN INJURY WAS INVOLVED IN THE DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		23b. CEMETERY OR CREMATORY-NAME Oakridge		23c. LOCATION CITY OR TOWN STATE Hillside Illinois		23d. DATE (MONTH, DAY, YEAR) Sept. 20, 1
24a. FUNERAL HOME NAME A.A. Rayner & Sons		24b. STREET AND NUMBER OR R.F.D. 5911 W. Madison Street		24c. CITY OR TOWN STATE Chicago, Illinois		24d. ZIP 60644
25a. FUNERAL DIRECTOR'S SIGNATURE <i>Alvin J. Brown</i>				25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031009394		
26a. LOCAL REGISTRAR'S SIGNATURE <i>Alvin J. Brown</i>				26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) SEP 22 1997		