



Doc#: 0630442016 Fee: \$46.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/31/2006 07:56 AM Pg: 1 of 2

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

DECEASED JOINT TENANCY AFFIDAVIT

Joseph D. Brown, being duly sworn, states that (s)he resides at 223 S. 12th Ave. Maywood, IL. 60153.

That (s)he was acquainted with Cleola Brown, deceased, who, at the time of his/her death was one of the owners of the land in Cook County, Illinois, described as:

Lots 672 and 673 in Madison Street Addition, being a subdivision in Section 10, Township 39 North, Range 12 East of the Third Principal Meridian, in Cook County, Illinois.

P.I.N.: 15-10-405-008

COMMON ADDRESS: 223 S. 12th Ave. Maywood, Illinois 60153

That the deceased died on September 27, 1996, as evidenced by a certified copy of the death certificate of the deceased attached hereto.

Claude Brown
Joseph D. Brown

Service Charge
6303-0059

Subscribed and sworn to before me by the said Claude Brown
This 16th day of October, 2006

Silvia Newarez
NOTARY PUBLIC



UNOFFICIAL COPY

Certified Copy of a Death Record

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. <u>16-92</u>	STATE OF ILLINOIS		STATE FILE NUMBER
		REGISTERED NUMBER <u>1296</u>	MEDICAL CERTIFICATE OF DEATH		
Type or Print in PERMANENT INK See Funeral Director, Hospital, or Physician for Instructions		DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)
A. DECEASED		1. <u>Cleola Brown</u>		2. <u>Female</u>	3. <u>September 27, 1996</u>
B. DECEASED		COUNTY OF DEATH		AGE-LAST BIRTHDAY (YEARS)	UNDER 1 YEAR UNDER 1 DAY
C. DECEASED		4. <u>Cook</u>		5a. <u>61</u>	5b. <u>58</u> 5c. <u>56</u>
D. DECEASED		CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		DATE OF BIRTH (MONTH, DAY YEAR)	
E. DECEASED		6a. <u>Northlake</u>		5d. <u>August 25, 1935</u>	
PARENTS		6b. <u>Vancor Hospital</u>		IF HOSP. OR INST. INDICATE DOA OF EMER. OR INCIDENT (SPECIFY)	
1. DECEASED		BIRTH-PLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
2. DECEASED		7. <u>St. Joseph, LA</u>		8b. <u>Joseph Brown</u>	
3. DECEASED		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		9. <u>No</u>	
4. DECEASED		8a. <u>Married</u>		WAS DECEASED EVER IN U.S. ARMED SERVICES (YES/NO)	
5. DECEASED		SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
6. DECEASED		10. <u>427 69 4814</u>		11a. <u>Homemaker</u>	
7. DECEASED		USUAL OCCUPATION		11b. <u>at Home</u>	
8. DECEASED		RESIDENCE (STREET AND NUMBER)		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
9. DECEASED		13a. <u>223 South 12th Avenue</u>		12. <u>12</u>	
10. DECEASED		STATE		13c. <u>Yes</u>	
11. DECEASED		13b. <u>Illinois</u>		13d. <u>Cook</u>	
12. DECEASED		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST	
13. DECEASED		15. <u>Thomas Morris</u>		16. <u>Precilla N/A</u>	
14. DECEASED		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	
15. DECEASED		17a. <u>Joseph Brown</u>		17b. <u>Husband</u>	
16. DECEASED		MARRIAGE ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE, ZIP)		17c. <u>223 South 12th Ave Maywood IL 60153</u>	
17. DECEASED		18. PART I.		Enter the diseases, or conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. List only one cause on each line.	
18. DECEASED		IMMEDIATE CAUSE (Final Disease or Condition resulting in death)		DUE TO, OR AS A CONSEQUENCE OF	
19. DECEASED		ACUTE MYOCARDIAL INFARCTION		4 HOURS	
20. DECEASED		CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		DUE TO, OR AS A CONSEQUENCE OF	
21. DECEASED		ATHEROSCLEROTIC HEART DISEASE			
22. DECEASED		HYPERTENSION			
23. DECEASED		PART II. Other conditions contributing to death but not resulting in the underlying cause given in PART I.		ANOXIC ENCEPHLO-PATHY	
24. DECEASED		HYPOTENSION		RESPIRATORY FAILURE	
25. DECEASED		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION	
26. DECEASED		20a.		20b.	
27. DECEASED		19. (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		(MONTH, DAY, YEAR)	
28. DECEASED		21a. <u>SEPTEMBER 26, 1996</u>		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	
29. DECEASED		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED		21b. <u>No</u>	
30. DECEASED		22a. SIGNATURE		HOUR OF DEATH	
31. DECEASED		22b. <u>Zafar Ahmed MD</u>		21c. <u>15:15 A.M.</u>	
32. DECEASED		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		DATE SIGNED (MONTH DAY, YEAR)	
33. DECEASED		22c. <u>ZAFAR AHMED MD, 365 E. NORTH AVE, NORTHLAKE, ILLINOIS</u>		22d. <u>SEPTEMBER 27</u>	
34. DECEASED		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER	
35. DECEASED		23.		22e. <u>036-089465</u>	
36. DECEASED		BURIAL, CREMATION, REMOVAL (SPECIFY)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
37. DECEASED		24a. <u>Burial</u>		23c. <u>YES () NO (X)</u>	
38. DECEASED		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	
39. DECEASED		24b. <u>Oakridge Cemetery</u>		24c. <u>Hillside, Illinois</u>	
40. DECEASED		FUNERAL HOME NAME		DATE (MONTH, DAY, YEAR)	
41. DECEASED		25a. <u>Corbin Colonial</u>		24d. <u>Oct. 5, 1996</u>	
42. DECEASED		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP		FUNERAL DIRECTOR'S SIGNATURE	
43. DECEASED		25b. <u>5345 West Madison Chicago Illinois 60644</u>		25c. <u>034-014794</u>	
44. DECEASED		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		LOCAL REGISTRAR'S SIGNATURE	
45. DECEASED		25d. <u>Richard J. Billib</u>		25e. <u>October 2, 1996</u>	
46. DECEASED		DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR)		25b. <u>October 2, 1996</u>	
47. DECEASED		26a. <u>Broadview, Illinois 60153</u>		26b. <u>October 2, 1996</u>	

VR200 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1989'S STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE: OCT 2 1996

SIGNED

Richard J. BillibAT: BROADVIEW, ILLINOIS 60153

, Illinois.

OFFICIAL TITLE: LOCAL REGISTRAR OF VITAL STATISTICS

The original record of this death is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. County clerks and local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of a death record by the Department of Public Health or the local registrar or the county clerk shall be considered as prima facie evidence of the facts therein stated.