



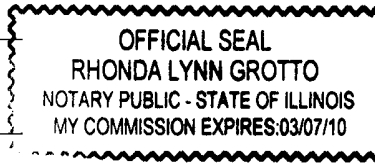
# UNOFFICIAL COPY

## JOINT TENANCY AFFIDAVIT (continued)

Subscribed and sworn to before me this

30 day of November, 2006  
(Month) (Year)

Rhonda Lynn Grotto  
(Notary Public)



My commission expires: 3/7/10

**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:  
W. Lee Newell, Jr,  
134 Pulaski Road  
Calumet City, Illinois 60409

Return to:  
W. Lee Newell, Jr  
134 Pulaski Road  
Calumet City, Il. 60409

Property of Cook County Clerk's Office

MAY 10 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*  
COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. <b>16.01</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)			
	1. <b>Magnolia L. Stepp</b>		2. <b>Female</b>	3. <b>May 1, 2006</b>			
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER		AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. <b>Cook</b>		5a. <b>86</b>	MOS. DAYS	HOURS MIN.	5d. <b>January 18, 1920</b>	
	6a. <b>Olympia Fields</b>		6b. <b>St. James Hospital—Olympia Fields</b>			IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)	
	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)			6c. <b>Inpatient</b>	
	7. <b>Ifflore County, MS</b>		8b. <b>Thomas Stepp</b>			WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)	
	SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY			9. <b>No</b>	
	10. <b>426-44-5119</b>		11a. <b>Retired</b>			11b. <b>Retired</b>	
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.			EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)	
13a. <b>14255 South Cicero Avenue</b>		13b. <b>Crestwood</b>			12. <b>12</b>		
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		13c. <b>Yes</b>		
13e. <b>Illinois</b>		13f. <b>60445</b>	14a. <b>Black</b>		13d. <b>Cook</b>		
FATHER—NAME FIRST MIDDLE LAST		MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST			14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
15. <b>Joseph Richard Leonard</b>		16. <b>Lelia A. Williams</b>					
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. <b>Thomas Stepp</b>		17b. <b>Husband</b>	17c. <b>12613 S. Ada Calumet Park, IL 60827</b>				
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	
Immediate Cause (Final disease or condition resulting in death)		(a) <b>Sepsis, Myocardial infarction</b>					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) <b>Ac. CVA, Chr. Renal failure</b>					
		(c) <b>Diabetes Mellitus; Hypertension</b>					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.							
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION			AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
20a.		20b.			19a. <b>No</b>	19b.	
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)			HOUR OF DEATH		
21a. <b>4/30/2006</b>		21b. <b>No</b>			21c. <b>2:50 A.M.</b>		
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		22a. SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)			
		<b>Mitali Roy MITALI ROY MD</b>		22b. <b>5/1/06</b>			
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		22c. <b>20201 S. Crawford, Olympia Fields, IL 60461</b>		ILLINOIS LICENSE NUMBER			
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)				22d. <b>036098392</b>			
23.		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.					
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)		
24a. <b>Burial</b>		24b. <b>Cedar Park Cemetery</b>		24c. <b>Calumet Park, Illinois</b>	24d. <b>May 6, 2006</b>		
FUNERAL HOME		NAME STREET AND NUMBER OR R.F.D.		CITY OR TOWN STATE	ZIP		
25a. <b>Cedar Park Funeral Home</b>		<b>12540 S. Halsted</b>		<b>Calumet Park, Illinois 60827</b>			
FUNERAL DIRECTOR'S SIGNATURE		25b. <i>[Signature]</i>		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER			
25c. <i>[Signature]</i>				25c. <b>034015726</b>			
LOCAL REGISTRAR'S SIGNATURE		26a. <i>[Signature]</i>		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <i>[Signature]</i>				26b. <b>MAY 10 2006</b>			