



Doc#: 0701254201 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 01/12/2007 02:57 PM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF

{ss.

Carmelita Crump being duly sworn
states that she resides at 617 N. Sawyer in the City of
Chicago

That she was acquainted with Mar West Anthony
deceased who, at the time of her death, was one of the owners of the land in
Cook County, Illinois, described as:

That the deceased died June 21 06, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament.
- Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of _____ County, Illinois.
- Leaving a Last Will & Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of _____ County, Illinois about _____

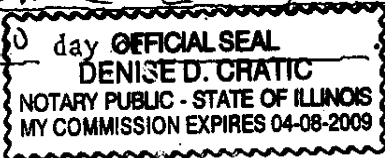
That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the deceased, does not exceed the sum of _____ dollars.

Subscribed and sworn to before me by the said

Carmelita Crump

THIS INSTRUMENT WAS PREPARED BY _____

this Jan 10 day OFFICIAL SEAL A.D. 2000



Denise D. Cratic

NOTARY PUBLIC

Carmelita Crump

(affiant's signature)



EUGENE "GENE" MOORE

RECORDER OF DEEDS / REGISTRAR OF TORRENS TITLES
COOK COUNTY, ILLINOIS

UNOFFICIAL COPY

Lot 9 in Block 1 in Klingentagen's
Subdivision of part of Block 3 in
Wilson's addition, A subdivision of the west
17.02 Chans South of Railroads and north
of road in section 10, township 39 north,
Range 12, East of the Third principal
meridian, in Cook County, Illinois.

PIN # 13-10-115-028-0000

PA - 156 S. 22nd Ave Bellwood
IL 60104

Cook County Clerk's Office

UNOFFICIAL COPY

REGISTRATION NO. 16,357
 DISTRICT NO. 280
 REGISTERED NUMBER 280

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 STATE FILE NUMBER

Type or Print in PERMANENT INK
 See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS

DECEASED-NAME: **1. Mae West** FIRST MIDDLE LAST
2. Anthony FIRST MIDDLE LAST
3. Female SEX
4. June 21, 2006 DATE OF DEATH (MONTH, DAY, YEAR)
5a. Cook COUNTY OF DEATH
6a. Melrose Park CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER
6b. Westlake Community Hospital HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7. Little Rock, AR BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)
8a. Widowed MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8b. None NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
10. 430-64-4503 SOCIAL SECURITY NUMBER
11a. Sales USUAL OCCUPATION
11b. Retail KIND OF BUSINESS OR INDUSTRY
12. 12 EDUCATION (ST. GRAD. ONLY; HIGHEST GRADE COMPLETED)
13a. 156 22nd Ave. RESIDENCE (STREET AND NUMBER)
13b. Bellwood CITY, TOWN, TWP. OR ROAD DISTRICT NO.
13c. Yes INFILID CITY (YES/NO)
13d. Yes OF HISPANIC ORIGIN? (SPECIFY: N. OR YES-F YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.)
13e. Illinois STATE
13f. 60104 ZIP CODE
14b. X NO MOTHER-NAME (FIRST, MIDDLE, LAST)
15. Carlton Strickland FATHER-NAME (FIRST, MIDDLE, LAST)
16. NA MOTHER-NAME (FIRST, MIDDLE, LAST)
17a. Rosalind Anthony INFORMANT'S NAME (TYPE OR PRINT)
17b. 231 Greenleaf Chicago, IL 60626 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
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.
19a. Immediate Cause (Final disease or condition resulting in death)
19b. CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
19c. PART II. Other specific condition contributing to death but not resulting in the underlying final cause given in PART I.
20a. DATE OF OPERATION, IF ANY
20b. MAJOR FINDINGS OF OPERATION
20c. AUTOPSY (YES/NO)
20d. IF FEMALE WAS THERE A PREGNANCY IN PAST THREE MONTHS?
20e. YES [] NO [X]
21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.
21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)
21c. HOUR OF DEATH
21d. DATE SIGNED (MONTH, DAY, YEAR)
21e. ILLINOIS LICENSE NUMBER
22a. SIGNATURE OF CERTIFIER (TYPE OR PRINT)
22b. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)
22c. NAME OF ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER (TYPE OR PRINT)
23. BURIAL CREMATION, REMOVAL (SPECIFY)
24a. Burial
24b. CEMETERY OR CREMATORY-NAME
24c. LOCATION
24d. DATE (MONTH, DAY, YEAR)
25a. Hirszen Funeral Home
25b. FUNERAL DIRECTOR'S SIGNATURE
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. LOCAL REGISTRAR'S SIGNATURE
25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Vn200 (Rev. 5/89)

1.
2.
3.
4.
5.
N.
P.

CAUSE

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26a. Vn200 (Rev. 5/89)

DISPOSITION

24a. Burial
24b. CEMETERY OR CREMATORY-NAME
24c. LOCATION
24d. DATE (MONTH, DAY, YEAR)
25a. Hirszen Funeral Home
25b. FUNERAL DIRECTOR'S SIGNATURE
25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25d. LOCAL REGISTRAR'S SIGNATURE
25e. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a. Vn200 (Rev. 5/89)

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 June 23, 2006 SIGNED [Signature]
 AT MELROSE PARK, Illinois OFFICIAL TITLE REGISTRAR

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, local registrar or county clerk shall be prima facie evidence in all courts and places of the facts therein stated.