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Doc#: 0704754000 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/16/2007 08:47 AM Pg: 1 of 3

Property of Cook County Clerk's Office

Deceased Joint Tenancy Affidavit

TITLE OF DOCUMENT

THIS INSTRUMENT WAS PREPARED BY:

Minnie Hogsett - Matthews

1509 S. Spencer Ave

Berkeley Ill 60163

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DECEASED JOINT TENANCY AFFIDAVIT

STATE OF: ILLINOIS

COUNTY OF Cook

ss.

Order No.

Minnie Hogsett-Matthews being duly sworn states that she resides at 1509 S Spencer Avenue in the City of Berkeley, 60163 That she was acquainted with John E Matthews deceased, who at the time of his death, was one of the owners of the land in Cook County, Illinois, described as:

LOT 394 IN J. W. MC CORMACK'S WESTMORELAND, A SUBDIVISION OF THE WEST 1/2 OF FRACTIONAL SECTION 8, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N. 115-08-116-003

That the deceased died October 29, 2006, as evidenced by a certified copy of the 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 death of the deceased, does not exceed the sum of _____ dollars.

Affiant makes this affidavit for that purpose of removing deceased name, describing the above mentioned property.

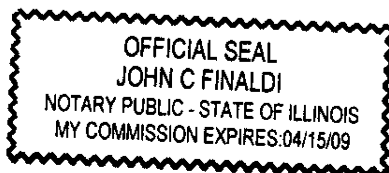
Subscribed and sworn to before me by the said

this 9th day of February, A.D. 2007

John C. Finaldi
Notary Public

X Minnie Hogsett-Matthews
Minnie Hogsett-Matthews
(Affiant's Signature)

Mail To:
Minnie Hogsett-Matthews
1509 S Spencer Avenue
Berkeley, Illinois 60163



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UNOFFICIAL COPY**DuPage County Health Department**

Central Office

111 North County Farm Road
Wheaton, IL 60187-3988

REGISTRATION DISTRICT NO. 22.0	STATE OF ILLINOIS		STATE FILE NUMBER
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH		
DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. JOHN E MATTHEWS Sr.		2. MALE	3. OCTOBER 29, 2006
COUNTY OF DEATH	AGE—LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.
4. DuPage	5a. 76	5b.	5c.
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER. RM. INPATIENT (SPECIFY)
6a. Elmhurst	6b. Elmhurst Hospital		6c. Emer. Rm
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
7. Nashville, TN	8a. Married	8b. Minnie Hogsett	
SOCIAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
10. 411-46-1838	11a. Laborer	11b. General	Elementary/Secondary (0-12) College (1-4 or 5+)
12. 12	RESIDENCE (STREET AND NUMBER)		INSIDE CITY (YES/NO)
13a. 1509 S. Spencer Ave.	13b. Berkeley		13c. Yes
STATE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)	OF HISPANIC ORIGIN? (SPECIFY NO OR YES—IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)	
13e. Illinois	14a. Black	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:	
FATHER—NAME FIRST MIDDLE LAST	MOTHER—NAME FIRST MIDDLE (MAIDEN) LAST		
15. Clarence Matthews Sr.	16. Eula Harris		
INFORMANT'S NAME (TYPE OR PRINT)	RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)	
17a. Minnie Matthews	17b. Wife	17c. 1509 S. Spencer Ave. Berkeley, IL 60163	
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.			
Immediate Cause (Final disease or condition resulting in death)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
(a) Cardiovascular arrest			
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.			
(b) Coronary artery disease			
(c)			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.			
1 HD, COPD, Old stage renal disease with dialysis			
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. No	19b.
IF (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?	
21a. October 28, 2006		20c. YES <input type="checkbox"/> NO <input type="checkbox"/>	
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH	
21b. Yes		21c. 1:04 A.M.	
22a. SIGNATURE [Signature]		DATE SIGNED (MONTH, DAY, YEAR)	
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		20. 10/30/06	
22c. M. G. Brown and 675 W. North Ave. Melrose Park 60160		ILLINOIS LICENSE NUMBER	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		22d. 036-059677	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)			
CEMETERY OR CREMATORY—NAME	LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)	
24a. Burial	24b. Abraham Lincoln	24c. Elwood, IL	24d. 11-3-06
FUNERAL HOME NAME	STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE		
25a. Wallace Broadview Funeral Home 2020 Roosevelt Rd Broadview, IL 60155			
FUNERAL DIRECTOR'S SIGNATURE	FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. Vernon L Wallace	25c. 34-9351		
LOCAL REGISTRAR'S SIGNATURE	DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. M. T. McHugh	26b. NOV 02 2006		

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

Not valid without the embossed seal of
DuPage County Health Department

M. T. McHugh

Local Registrar