

# UNOFFICIAL COPY



Doc#: 0712149034 Fee: \$26.50  
Eugene "Gene" Moore RHSP Fee:\$10.00  
Cook County Recorder of Deeds  
Date: 05/01/2007 10:54 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS            )  
                                          ) SS.  
COUNTY OF COOK            )

**HELEN HYLTON** being duly sworn states that she resides at 1911 S. Cuyler Street, in the City of Berwyn, State of Illinois.

That she was acquainted with **ROBERT M. HYLTON**, deceased, who, at the time of his death, was one of the owners in the land in Cook County, Illinois, described as:

The North 20 feet of Lot 31 and the South 20 feet of Lot 32 in Block 3 in S. Pinkert and Sons' 22<sup>nd</sup> Street Subdivision of Lot 6 in the Circuit Court Partition of the West half of the North West quarter and the West half of the South West quarter of Section 20, Township 39 North, Range 13, East of the Third Principal Meridian in Cook County, Illinois.

Permanent Real Estate Index Number: 16-20-322-004-0000

Address of Real Estate: 1911 S. Cuyler, Berwyn, Illinois

That the deceased died MARCH 2, 1998, as evidenced by a certified copy of death certificate of the deceased attached hereto.

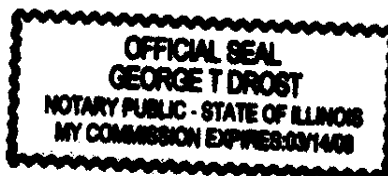
That the deceased died:

- Leaving no Last Will and Testament.
- Leaving a Last Will and Testament. 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 and Testament which was filed in the Unproven Will Box of the Probate Division of the Circuit Court of Cook County, Illinois, about \_\_\_\_\_.

Subscribed and Sworn to before me this 15<sup>th</sup> day of December, 2004.

Notary Public

HELEN HYLTON, Affiant



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STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

STATE OF ILLINOIS

STATE FILE NUMBER

MEDICAL CERTIFICATE OF DEATH

89 018338

REGISTRATION DISTRICT NO. 16-21  
 REGISTERED NUMBER 223

DECEASED - NAME: Robert M. Hylton  
 SEX: Male  
 DATE OF DEATH: March 2, 1989

COUNTY OF DEATH: COOK  
 AGE - LAST BIRTHDAY (Y/M/D): 67  
 UNDER 1 YEAR: 0  
 UNDER 1 DAY: 0  
 DATE OF BIRTH: SEPT. 8, 1921

CITY, TOWN, TW. OR ROAD DISTRICT NUMBER: BERWYN  
 HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): MCNEAL  
 IF HOSP. OR INST. INDICATED, C.O.A. OR EMER. RM. INPATIENT (SPECIFY): D.O.A.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): BIDDEFORD ME.  
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED  
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): HELEN ARVANITES  
 WAS DECEASED EVER IN U.S. ARMY OR FORCES? (YES/NO): YES

SOCIAL SECURITY NUMBER: 353-10-9288  
 USUAL OCCUPATION: INSPECTOR  
 KIND OF BUSINESS OR INDUSTRY: INTERNATIONAL HARVESTER  
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): 11

RESIDENCE (STREET AND NUMBER): 1911 S. COYLER  
 CITY, TOWN, OR ROAD DISTRICT NO.: BERWYN  
 INSIDE CITY (YES/NO): YES  
 COUNTY: COOK

STATE: IL  
 ZIP CODE: 60402  
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.): WHITE  
 OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): NO

FATHER - NAME: GEORGE M. HYLTON  
 MOTHER - NAME: ANNA JARRY

INFORMANT'S NAME (TYPE OR PRINT): HELEN HYLTON  
 RELATIONSHIP: WIFE  
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP): 1911 S. COYLER, BERWYN, IL 60402

18. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or the site of failure. List only one cause on each line.

(a) CORONARY ARTERY DISEASE DUE TO OR AS A CONSEQUENCE OF 15 Years  
 (b) ISCHEMIC CARDIOMYOPATHY DUE TO OR AS A CONSEQUENCE OF 4 YEARS

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

DATE OF OPERATION, IF ANY: 20a.  
 MAJOR FINDINGS OF OPERATION: 20b.  
 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES [ ] NO [X]

19. (10) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON: February 17, 1989  
 WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO): NO  
 HOUR OF DEATH: 2:15 p.m.

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

22a. SIGNATURE: [Signature]  
 NAME AND ADDRESS OF CERTIFIER: Ziad Sinno, MD 3722 S Harlem Riverside Illinois  
 DATE SIGNED: March 2, 1989  
 ILLINOIS LICENSE NUMBER: 56-045373

23. BURIAL, CREMATION, REMOVAL (SPECIFY): 24a. Burial  
 CEMETERY OR CREMATORY - NAME: 24b. Elmwood  
 LOCATION: CITY OR TOWN STATE: 24c. River Grove Illinois  
 DATE: (MONTH, DAY, YEAR): 24d. March 6, 1989

FUNERAL HOME: 25a. Louis J Sedares Funeral Home 1857 N Harlem Ave Chicago, Illinois 60635  
 FUNERAL DIRECTOR'S SIGNATURE: [Signature]  
 FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: 25c. 5189

LOCAL REGISTRAR'S SIGNATURE: 26a. Thomas H. Shaughnessy, Reg. J. Trozner, Deputy  
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): 26b. March 6, 1989

104137

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

DATE ISSUED

Eric E. Whitaker M.D.  
ERIC E. WHITAKER, M.D.  
STATE REGISTRAR

JAN 06 2005

