

UNOFFICIAL COPY

DECEASED JOINT
TENANCY AFFIDAVIT



Doc#: 0713118020 Fee: \$30.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 05/11/2007 10:17 AM Pg: 1 of 4

STATE OF ILLINOIS]
]]
COUNTY OF]

EDNA M. NASH being duly
sworn states that I resides at 4826 W.
Washington in the city of Chicago

That I was acquainted A. J. NASH
deceased who, at the time of
HIS death, was one of the owners of the land in
COOK County, Illinois, described as:

16-05-426-007-0000
P.I.N. 16-09-424-027-0000

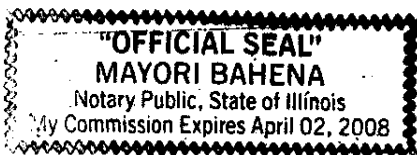
That the deceased died 12-24-05
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

this 6 day of May, A.D. 19 2007

Mayori Bahena
Notary Public

Edna m nash
(affiant signature)



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Property of Cook County Clerk's Office

Property Address:
5947 WEST RICE STREET
CHICAGO IL 60651

MAIL TO
A NASH
5947 W Rice Street
Chicago IL, 60651

Entered by Jeffery Adams

Legal Description and notes:
THE E 28.5 FT. L 10' B 4 IN DICKEY AND BAKER'S ADD TO AUSTIN
IN SE 1/4 SEC 5-39-13 ETPM CCI

Tax #: 16-05-426-007-0000

together with all the appurtenances and privileges of the same

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Property of Cook County Clerk's Office

Property Address.....: 4826 W WASHINGTON, CHICAGO, IL 60644

P.I.N. 16-09-424-027-0000

heir, legal representatives and assigns, all the right, title interest, claim, or demand whatsoever it may have acquired in, through, or by a certain mortgage bearing the date 06/25/2004 and recorded in the Recorder's Office of COOK county, in the State of Illinois in Book N/A of Official Records Page N/A as Document Number 0418850015, to the premises therein described as situated in the County of COOK, State of Illinois as follows, to wit:
LOT 38 IN BLOCK 9 IN DERBY'S SUBDIVISION OF THE EAST 1/2 OF THE SOUTHEAST 1/4 SECTION 9, TOWNSHIP 39 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

...all the easements and privileges thereunto belong or appertaining

Cook County Clerk's Office

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CITY OF CHICAGO

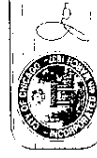
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO

DEC 29 2005

I, JOHN L. WILHELM M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.

John L. Wilhelm, M.D.
LOCAL REGISTRAR



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

REGISTRATION DISTRICT NO. **16-10** STATE FILE NUMBER **618426**

DECEASED-NAME **AD NASH** SEX **2. MALE** DATE OF DEATH (MONTH, DAY, YEAR) **3. DECEMBER 24, 2005**

COUNTY OF DEATH **COOK** UNDER 1 DAY **5d. APRIL 18 1921** DATE OF BIRTH (MONTH, DAY, YEAR)

CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO** HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) **LORETTO HOSPITAL**

6a. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **CHICAGO** 6b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **EDNA WHITE**

7. MARRIAGE STATUS **MARRIED** 8a. MARRIED **YES** 8b. WIDOWED, DIVORCED (SPECIFY) **RETIRED**

SOCIAL SECURITY NUMBER **319-26-3044** 11a. RETIRED **CHICAGO** 11b. CITY, TOWN, TWP. OR ROAD DISTRICT NO. **CHICAGO**

RESIDENCE (STREET AND NUMBER) **4826 W. WASHINGTON** 13a. **CHICAGO** 13b. INSIDE CITY (YES/NO) **YES** 13c. COUNTY **COOK**

STATE **ILLINOIS** 13d. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **BLACK** 14a. MOTHER-NAME FIRST MIDDLE LAST **SAM NASH LIZZIE**

FATHER-NAME FIRST MIDDLE LAST **GREGORY NASH** 17a. RELATIONSHIP **SON** 17b. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **4826 W. WASHINGTON CHICAGO, IL 60644**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **Diabetes, congestive heart failure**

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) **Coronary Artery disease**

STATING THE UNDERLYING CAUSE LAST. (b) **Diabetes, congestive heart failure**

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. (c) **Diabetes, congestive heart failure**

DATE OF OPERATION, IF ANY **12/21/05** MAJOR FINDINGS OF OPERATION **Diabetes, congestive heart failure**

20a. (1) DID (NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON **12/21/05** (MONTH, DAY, YEAR)

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. **12/21/05**

22a. SIGNATURE AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **Dr. M. BHAGAVANAN**

22c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) **Dr. A. F. AMY**

23. BURIAL, CREMATION, REMOVAL (SPECIFY) **BURIAL** CEMETERY OR CREMATORY-NAME **FOREST HOME** LOCATION **FOREST PARK** CITY OR TOWN **IL** STATE **IL**

24a. FUNERAL HOME **RELIABLE FUNERAL SERVICE** STREET AND NUMBER OR R.F.D. **5838 W. DIVISION ST.** CITY OR TOWN **CHICAGO** STATE **IL** ZIP **60651**

25a. FUNERAL DIRECTOR'S SIGNATURE **Reliable Funeral Service** 25b. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER **34-015330**

26a. LOCAL REGISTRAR'S SIGNATURE **John L. Wilhelm, M.D.** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **DEC 30 2005**

26b. (BASED ON 1988 U.S. STANDARD CERTIFICATE)