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Doc#: 0717231032 Fee: \$26.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 06/21/2007 10:47 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS }
COUNTY OF COOK }
}

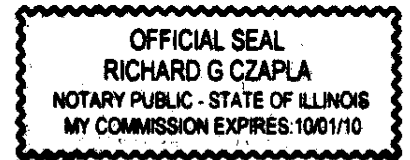
I Lillie Boykin being duly
sworn states that Lillie Boykin resides at 132 N.
Mason Ave in the city of Chgo Il.
60644-2801

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

132 N. Mason Ave
STATE OF ILLINOIS, AS FOLLOWS, TO-WIT:
LOT 40 (EXCEPT THE NORTH 25.17 FEET) IN PRAIRIE AVENUE ADDITION TO AUSTIN IN THE SOUTH-
EAST 1/4 OF SECTION 8, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN,
IN COOK COUNTY, ILLINOIS.

P.I.N. PIN: 16-08-412-020-0000

That the deceased died June 11, 2007
as evidenced by a certified copy of death certificate of the
deceased attached hereto.



Subscribed and sworn to before me by the said

Lillie Boykin
this 21 day of June, A.D. 2007

[Signature]
Notary Public

[Signature]
(affiant signature)

Reviews
ID

UNOFFICIAL COPY

MEDICAL EXAMINER'S - CORONER'S CERTIFICATE OF DEATH

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. **22.0**
REGISTERED NUMBER **02774**

STATE OF ILLINOIS

STATE FILE NUMBER

1. DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)
BEN J. STEVENSON 2. **MALE** 3. **JUNE 11, 2007**

4. COUNTY OF DEATH AGE-LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH, DAY, YEAR)
DUPAGE 5a. **65** 5b. **5c. 5d. SEPTEMBER 15, 1941**

6a. CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER 6b. HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6c. IF HOSP. OR INST. INDICATE D.O.A. OP. EMER. RM. INPATIENT (SPECIFY)
DOWNERS GROVE **GOOD SAMARITAN HOSPITAL** **EMER. RM.**

7. BIRTHPLACE, CITY AND STATE OR FOREIGN COUNTRY 8a. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 8b. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 9. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
VICKSBURG, MS 8a. **MARRIED** 8b. **ROCHELLE COLBERT** 9. **YES**

10. SOCIAL SECURITY NUMBER 11a. USUAL OCCUPATION 11b. KIND OF BUSINESS OR INDUSTRY 12. EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
334-32-6016 11a. **AGENT** 11b. **INSURANCE CO.** 12. **4**

13a. RESIDENCE (STREET AND NUMBER) 13b. CITY, TOWN, TWP, OR ROAD DISTRICT NO. 13c. INSIDE CITY (YES/NO) 13d. COUNTY
1112 OXFORD COURT **OAKBROOK TERRACE** **YES** **DUPAGE**

13e. STATE 13f. ZIP CODE 14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) 14b. OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
ILLINOIS **60181** 14a. **BLACK** 14b. NO YES SPECIFY:

15. FATHER-NAME FIRST MIDDLE LAST 16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
WILLIE STEVENSON **LUCEIL WASHINGTON**

17a. INFORMANT'S NAME (TYPE OR PRINT) 17b. RELATIONSHIP 17c. MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
ROCHELLE STEVENSON **WIFE** **1112 OXFORD OAKBROOK TERR., IL 60181**

18. PART I. Enter the diseases, injuries, 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) → **ATHEROSCLEROTIC HYPERTENSIVE CARDIOVASCULAR DISEASE**
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.
(a) DUE TO, OR AS A CONSEQUENCE OF
(b) DUE TO, OR AS A CONSEQUENCE OF
(c)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) 19a. **NO** 19b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19c. **NO**

20a. NATURAL ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) 20b. DATE OF INJURY (MONTH, DAY, YEAR) 20c. HOUR 20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18)
NATURAL 20b. 20c. **M. 20d.**

20e. INJURY AT WORK (YES/NO) 20f. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) 20g. LOCATION (CITY, VIL. OR TOWN, OR TWP. OR RD. DIST. NO., COUNTY, STATE) 20h. IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO)
20e. 20f. 20g. 20h. **NO**

21a. I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT 21b. THE DECEDENT WAS PROCLAIMED DEAD ON MONTH YEAR AT 21c. DATE (MONTH, DAY, YEAR)
JUNE 11, 2007 **08:16 A. M.**

22a. CORONER'S - MEDICAL EXAMINER'S SIGNATURE 22b. DEPUTY W. URBK 22c. DATE SIGNED (MONTH, DAY, YEAR)
PETER A. SIEKMANN **Wayne E. Urban** **JUNE 11, 2007**

23a. CORONER'S PHYSICIAN'S NAME (Type or Print) 23b. DATE SIGNED (MONTH, DAY, YEAR)

24a. BURIAL CREMATION, REMOVAL (SPECIFY) 24b. CEMETERY OR CREMATORY-NAME 24c. LOCATION CITY OR TOWN STATE 24d. DATE (MONTH, DAY, YEAR)
BURIAL **OAKRIDGE** **HILLSIDE, ILLINOIS** **JUNE 16, 2007**

25a. FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
HURSEN FUNERAL HOME **4001 W. ROOSEVELT ROAD** **HILLSIDE, ILLINOIS** **60162**

25b. FUNERAL DIRECTOR'S SIGNATURE 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
Anthony A. Rainiero **ANTHONY A. RAINIERO** **034-14434**

26a. LOCAL REGISTRAR'S SIGNATURE 26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
Maura T. Melton **Dept. K. Faulstich** **JUN 14 2007**

VR202 (Rev. 5/89)

Illinois Department of Public Health—Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)

This is to certify that the above information was obtained from the official record filed with the Illinois Department of Public Health, Division of Vital Records.

Maura T. Melton