UNOFFICIAL COPY



DECEASED JOINT TENANCY AFFIDAVIT Doc#: 0719044048 Fee: \$28.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 07/09/2007 12:13 PM Pg: 1 of 3

STATE OF ILLINOIS	·	i de la companya de l	
COUNTY OF			•
MARVIN LYNEH		<i>\(\psi \)</i>	_ being duly
sworn states that	resides a	t 7923	SCHVOE-
<u>O</u> r	_in the City		
C	•	·	•
That was acquaint	ed AM	AMES D	GLADNEY
<u> </u>	deceased who		
H/5 death, was one of	the owners of	the land	in
Cook County, Illinois,	described as:		
	C		
	•	方分	
P.I.N. 20-25-420	1-823-	0000).
That the deceased died	1-18-07	,	
as evidenced by a certified cop		ertificate	of the
deceased attached hereto.			
		~~~~~	······································
Subscribed and sworn to be	fore me by th	SHANNEL	CIAL SEAL ORE SCHMID? C-STATE OF ILL® ION EXPIRES:05:3
this 9fe day of JULY	, A.D. <b>/L</b> 0		••••••••••••••••••••••••••••••••••••••
			2 Gal

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## **UNOFFICIAL COPY**

Luce

THE SOUTH 30 FEET OF LOT 5 IN BLOCK 2 IN THE SUBDIVISION OF BLOCK 8 IN CAROLIN'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTH EAST 1/4 OF SECTION 25, TOWNSHIP 38 NORTH, RANGE 14 EAST 67 THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PROPERTY INDEX NUMBER: 20-25-426-023-0003

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS

/R200 (Rev. 5/89)

ON MO LOCAL REGISTRAF

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

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

COUNTY OF COOK STATE OF ILLINOIS CITY OF CHICAGO

TH NO.

REGISTRATION DISTRICT NO.

REGISTERED

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

## 07190440<u>48</u> Page: 3 of 3 tors, ians CONDITIONS, IF ANY WHICH GIVE RISE TO MANIEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DATE OF OPERATION, IF ANY 256. 25a. Leak and Sons Funeral Home FUNERAL DIRECTOR'S SIGNATURE NAME AND ADDRESS OF CERTIFIER ₫ FUNER PHONE BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 22c 22a. SIGNATURE | AND LAST SAW HIM/HER ALIVE ON PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART to INFORMANT'S NAME (TYPE OR PRINT) 7. LOUISVILLE, M.S. SOCIAL SECURITY NUMBER STATE RESIDENCE (STREET AND NUMBER) 10426-50-4073 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER COUNTY OF DEATH IB. PARTI. DECEASED-NAME disease or condition mmediate Cause (Final esulting in death) HE BEST OF MY KNOWLEDGE, DEA THER-NAME Chicago Sharlene Wilson Dr. Dante Pimentel 7923 S. Clyde Field Gladney shock, or heart failure. ZIP CODE nter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or rest, trate y arrest, 50617 246 CEMETERY OR CREMATORY-NAME James ত্র 9 DUE TO, OR A DUETO, OR A FIRST MAJOR FINDINGS OF OPERATION tta.Maintanance USUAL OCCUPATION MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME CIM LAWN STREET AND NUMBER OR R.F.D. Widowed MONTH, DAY, YEAR) RRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) only one cause on each line. remand 58.94 150. 100 POSPITAL OR OTHER INSTITUTION NAME (IF NOT INETHER, GIVE STREET AND NUMBER) AGE-LAST BIRTHDAY (YRS) SECUENCE OF MIDDLE Black KYPEORPRINT) CITY, TOWN, TWP, OR ROAD DISTRICT NO. LRANGI SAK Gladney NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) KIND OF BUSINESS OR INDUSTRY Records 7838 s Cottage Grove Chicago, Illinois 60619 24c Railroad LOCATION Chicago OF HISPANIC ORIGIN? (SPECIFY NOOR YES-IF YES, SPECIFY CUBAN, MEY ..., Y, ) VERTORICAN, etc.) MOTHER-NAME 14b NO SHOOH MAILING ADDRESS (STREET AND NO. OR R.F.D.) CHICKER 326 West 64th St Chgo, Elmhurst, il 216. EXAMINER NOTIFIED? CITYORTOWN Ň □ YES FIRST Male DATE OF BIRTH (MONTH, DAY, YEAR) EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) College (1-4 or 5 + ) DATE FILED BY LOCAL FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER Ola Welch (YESNIC) SPECIFY: STATE DATE OF DEATH (MONTH, DAY, YEAR) AUTOPSY (YES/NO) 19a. December 08, 1912 June 18, 2007 031-007489 IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 3 REGISTRA ILLINOIS LICENS 21c MUST BE NOTIFIED. NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE COHONER OR MEDICAL EXAMINER DATE SIGNED HOUR OF DEATH SITY CRITOWN, STATE, ZIP) ) 十8800 036-111599 YES | NO | OP/EMEA. RM. INDICATE D.O.A. 0 3 2007 YEAR 19b. COUNTY WERE AUTOPSY FINDINGS AVAILABLE PRIORITO COMPLETION OF CAUSE OF DEATH? (YES/NO) 19h. NO 246/25/2007 DA I 12:25 C00k IL 60621 ARMED.FORCES? (YES/NC MAIDEN) LAST 9 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH (MONTH, DAY, YEAR) JAY, YEAR) ₹