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0722031057

DECEASED JOINT
TENANCY AFFIDAVIT

Doc#: 0722031057 Fee: \$28.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 08/08/2007 12:13 PM Pg: 1 of 3

STATE OF ILLINOIS |
COUNTY OF Cook |

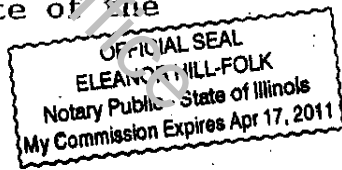
Morris P. Lewis being duly

sworn states that I resides at 8212 S. Aberdeen St
Chicago, IL 60620 in the City of _____

That I was acquainted _____
_____ deceased who, at the time of _____
HER death, was one of the owners of the land in _____
COOK County, Illinois, described as:

P.I.N. 20-32-234-021-0000

That the deceased died Nov 10, 1997
as evidenced by a certified copy of death certificate of the
deceased attached hereto.



Subscribed and sworn to before me by the said

this 08 day of August, A.D. ~~19~~ 2007

Eleanor Hill Folk
Notary Public

Morris P. Lewis
(affiant signature)

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STATE OF ILLINOIS
County of Cook

DAVID ORR, County Clerk

AUG 08 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David Orr
COUNTY CLERK

REG. NO.	REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS				STATE FILE NUMBER.		
	REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH					618682	
DECEASED-NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. LUCINDA		ELLIOTT		LEWIS	FEMALE	3. NOVEMBER 10, 1997		
COUNTY OF DEATH		AGE - LAST BIRTHDAY (YRS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)			
4. COOK		5a. 72	5b. 50.	5c. 50.	5d. OCTOBER 7, 1925			
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 U.S.A. OP. EMER. RM. INPATIENT (SPECIFY)		
6a. CHICAGO		6b. HOLY CROSS				6c. DOA		
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)		
7. BIRMINGHAM AL		8a. MARRIED		8b. MORRIS LEWIS		9. NO		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)		
10. 358-16-1081		11a. HOUSEWIFE		11b. DOMESTIC		12. 3+		
RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY		
13a. 8212 S. ABERDEEN		13b. CHICAGO		13c. YES		13d. COOK		
STATE	ZIP CODE	RACE (WHITE, BLACK AMERICAN INDIAN, etc.) (SPECIFY)		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:				
13c. ILLINOIS	13i. 60620	14a. BLACK						
FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE LAST		(MAIDEN) LAST				
15. HERMAN WILLIAMS		16. DOTTIE BRADLEY						
INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)				
17a. LORETTA HAYES		17b. DIRECTOR		17c. 2838 S. COTTAGE GROVE CHICAGO ILLINOIS 60619				
18. PART I.		Enter the diseases, or complications that caused the death. Do not enter the mode of death, such as cardiac or respiratory arrest.					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Immediate Cause (Final disease or condition resulting in death)		(a) Cerebral Vascular Accident					2-4 hours	
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF						
		(c) DUE TO, OR AS A CONSEQUENCE OF						
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		AUTOPSY (YES/NO)		WAS AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)				
		19a. NO		19b. NO				
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?				
20a. 20b.				20c. YES <input type="checkbox"/> NO <input type="checkbox"/>				
I (DID) (OR DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH				
21a. 11-5-97		21b. YES		21c. 1:47 P.M.				
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE STATED DUE TO THE CAUSE(S) STATED		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)				
22a. <i>[Signature]</i>		22b. 11-13-97						
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.				
22c. S.T. COOPER M.D. 231 S 71TH Street Chicago		22d. 036068033						
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		BURIAL, CREMATION, REMOVAL (SPECIFY)		LOCATION		DATE (MONTH, DAY, YEAR)		
23. BURIAL		24a. BURIAL		24b. BURR OAK		24c. ALSIP ILLINOIS		
FUNERAL HOME		CEMETERY OR CREMATORY - NAME		CITY OR TOWN		STATE		
25a. LEAK AND SONS 7838 S. COTTAGE GROVE CHICAGO ILLINOIS 60619		24d. 11-15-97		24e. ILLINOIS		24f. 60619		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)				
25b. <i>[Signature]</i>		25c. 031-007489		26b. NOV 17 1997				
LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)						
26a. <i>[Signature]</i>		26b. NOV 17 1997						

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2032	224	021	7201	4030940															
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD									

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME **440**

AREA SUB-AREA BLOCK PARCEL TAX CODE
 20-32-224-21 7201
 SEC. TOWN RANGE LOT SUB-LOT LOT BLOCK
 32 38 14
 CHESTER HIGHLANDS 5TH
 ADD TO AUBURN PARK
 4 24

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD																											
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																	
46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80			
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