UNOFFICIAL CO

State of Illinois **County of Cook**

0800318019 Fee: \$26.00 Eugene "Gene" Moore RHSP Fee:\$10.00 Cook County Recorder of Deeds Date: 01/03/2008 10:39 AM Pg: 1 of 2

Deceased Joint Tenants Affidavit

Karen Lamar, Plenary Guardian of the Estate of Carolyn Lamar, a disabled adult, being duly sworn, under oath, states as follows:

1. Jones K. Lamar and Carolyn Lamar owned the following property in joint tenancy:

The North 10 feet of lot 47 and all of lot 48 in Wolff's subdivision of block 9 in Heirs of Webster's suodivision of the North West 1/4 of section 34, township 38 North, range 14, East of the third principal meridian in Cook County, Illinois.

Property Index Number 2 J-34-108-044-0000

- 2. Carolyn Lamar was the wife of Jones K. Lamar. Karen Lamar is the daughter of Jones K. Lamar and Carolyn Lamar.
- A certified copy of his death certificate is 3. Jones K. Lamar died on August 1, 2013 attached.

Karen Lamar, Plenary Guardian of the Estate of Carolyn Lamar

Subscribed and sworn to before me by the said Karen Lamar this

Notary Public

Prepared by: Marthe C. Purmal James P. Greene & Associates 75 East Wacker Drive, Suite 730 Chicago, Illinois 60601 (312) 346-8077

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

VR200 (Rev. 5/89)

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LOCAL 3	helm, or
COCAL REGISTRAR	7-, 8

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

AUG **6** 2003 CITY OF CHICAGO STATE OF ILLINOIS COUNTY OF COOK

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	LOCAL REGISTRAR'S SIGNATURE 26a.	25b. > Childhan &	2000	BURIAL CHEMATION CEM REMOVAJISPECIFY) 248. W.L. 24b	NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 23.	NAME AND ADDRESS OF CERTIFIER 22c. Annie John MD	2a. SIGNATURE >	NDLAST SAW HIMHER ALIVE ON	DATE OF OPERATION, IF ANY	Ŧ 11.	MMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (c)	SE TO	immediate Cause (Final disease or condition	17a. Cella A. Hanke	ПУРЕО	FATHER-NAME FIRST	Ne. Illinois 131. 60	01 S. Mi	10. 252-16-5652 BESIDENCE (STREET AND NUMBER)	FOREIGN COUNTRY 7 CONTROL GARAGES AND STREET 7 CONTROL GARAGES AND STREET SOCIAL SECURITY NUMBER		4. COOK CITY TOWN, TWP, OR ROAD DISTRICT NUMBER	1. Jones	VIE	REGISTERED	DISTRICT NO.
Illinois Department of Public Hea	2 Willelm 10	tank	6	CEMETERY CHICHEMATCHY - NAME 24b.	OTHER THAN CERTIFIER TY, 4 OR PRINT	(TYPE OVERHY) 4646 N. Marine D.	GE, DEATH OCCURREDAT THE TIME, DATE AND		MAJOR FINDINGS OF OPERATION 20b.	uting to death but not resulting in the underlying cause	JE TO, OR AS A CONSEQUENCE OF	3		eases, or complications that caused the		MIDDLE LAST	60619 14a. (SPECIFY) LACK	AVe. 13b.	11a TEACHER 11b.	WIDOWED, DIVORCED (SPECIFY) Ba. MARALED Bb. USUAL OCCUPATION KIND OF	NO.		AGE-LAST AGE	FIRST MIDDLE	MEDICAL CERT	STATE
ent of Public HealthDivision of Vital Records	3. V. 26b.	25c	12 63 6.70	240. WORTH THE		icago, Illinois 606	AND PLACE A. O DUE TO THE CAUSE(S) STATED	WAS CORONER OF EXAMINER NOTIFIE 21b. NO	Dyr	given ia PART I.	04	Facture	hart failur	Do not enter the mode of dying, such as	HIP MAILING ADDRESS (ST	MOTHEN-NAME FIRST		icago	TWP, OR ROAD DISTRICT NO.	CAROLYN WIM	A. Weiss Memorial Hospital	5c. 5d.	Lamar 2. Male		IFICATE OF DE	OF ILLINOIS
(BASED ON 1989 U.S. STANDARD CERTIFICATE)	FILEDBYLOCA	#03	ST Chap by Lobig	STATE 24d. A	NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED. OPATE (MONTH DAY YEAR)	140 22d 036 068/69	22b. Aug th 03	OH OF DEALE	THREE 20c.	(YES,NO) 19a. NO 19b. TOPSY WERE AUTOOFS TRUMOS AVAILABLE PRIOR TO (YES,NO) 19b. TOPSY COMPLETION OF CAUSE OF DEATH-TIMES NO) 19b. TOPSY COMPLETION OF CAUSE OF DEATH-TIMES NO)			000	APPROXIMATEIN BETWEENONSET A	Marine Dr. Chicago, TI, 60640	TONES		13c. Yes 13d. Cook ORYES-IF YES, SPECIFY CUBAN, MEXICAN, 1U -9TORICAN, etc.)	DECITY	MALLY 9. (SPECIFYONLY HIGHEST GRAD) THAN (7-12) College (1-4	6c. Ir	0	OF BIRTH (MONTH DAY, YEAR)	H (MONTH	ATH 611383	STATE FILE NUMBER