0812015109

Doc#: 0812015109 Fee: $40.50
Eugene "Gene" Moore RHSP Fee:$10.00
Cook County Recorder of Deeds
Date: 04/29/2008 11:42 AM Pg: 1 of 3

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS]
]
COUNTY OF]

STANFORD REMBERT being duly sworn states that HE resides at 349 W 100TH STREET in the City of CHICAGO ILLINOIS.

That HE was acquainted with THELMA REMBERT deceased who, at the time of HER death, was one of the owners of the land in COOK County, Illinois, described as:

See attached Exhibit "A"

P. I. N. 29-09-408-003-0000

That the deceased died OCTOBER 14, 1985

as evidenced by a certified copy of death certificate of the deceased attached hereto.

Subscribed and sworn to before me by the said Stanford Rembert this 15th day of April, A.D. 20 08.

Ruth G Alexander
Notary Public

"OFFICIAL SEAL"
RUTH G. ALEXANDER
Notary Public, State of Illinois
My Commission Expires Feb. 09, 2010

Stanford Rembert
(affiant signature)

CERTIFICATION OF VITAL RECORD

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

REGISTRATION DISTRICT NO. 16.10
REGISTERED NUMBER

STATE OF ILLINOIS — NUMBER

MEDICAL CERTIFICATE OF DEATH

620445

1. DECEASED—NAME	FIRST: THELMA	MIDDLE:	LAST: REMBERT	2. SEX: FEMALE	3. DATE OF DEATH (MONTH, DAY, YEAR): OCTOBER 14, 1985	
4a. RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY): BLACK	4b. ORIGIN OR DESCENT: AMERICAN	5a. AGE—LAST BIRTHDAY (YEARS): 44	5b. UNDER 1 YEAR: MONTHS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (MO., DAY, YEAR): October 24, 1940	7a. COUNTY OF DEATH: Cook
7b. CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER: Chicago	7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER): MERCY HOSPITAL & MEDICAL CENTER					7d. IF HOSP. OR INST., INDICATE IF DOA OR EMER. OR INPATIENT (SPECIFY): INPATIENT
8. STATE OF BIRTH (IF NOT U.S.A. NAME COUNTRY): ALABAMA	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): MARRIED	11. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): STANFORD REMBERT			
12a. SOCIAL SECURITY NUMBER: [illegible]	12b. USUAL OCCUPATION: CLERK	12c. KIND OF BUSINESS OR INDUSTRY: VENTURE	13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO	13d. WAR OR DATES OF SERVICE: NONE		
14a. RESIDENCE STREET AND NUMBER: 349 W. 100TH ST.	14b. CITY, TOWN, TWP OR ROAD DISTRICT NO.: CHICAGO	14c. INSIDE CITY (YES/NO): YES	14d. COUNTY: COOK	14e. STATE: ILLINOIS		
15. FATHER—NAME: Will Dukes		16. MOTHER—MAIDEN NAME: Sadie				
17a. INFORMANT NAME (TYPE OR PRINT): Marquita Kramer	17b. RELATIONSHIP: ADM. CLERK, HOSPITAL RECORDS	17c. MAILING ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP): STEVENSON EXPWY. AT KING DRIVE				

18. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

PART I.

CONDITIONS, IF ANY, WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(a) CARDIO PULMONARY ARREST	
DUE TO OR AS A CONSEQUENCE OF:	(b) METASTATIC GASTRIC CARCINOMA	3 MONTHS
DUE TO OR AS A CONSEQUENCE OF:	(c)	

PART II. OTHER SIGNIFICANT CONDITIONS. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (b)

19a. AUTOPSY (YES/NO): NO — 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a. DATE OF OPERATION, IF ANY — 20b. MAJOR FINDINGS OF OPERATION

20c. IF FEMALE, WAS THERE A PREGNANCY IN LAST THREE MONTHS? YES ☐ NO ☒

21a. I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR): OCTOBER 14, 1985 — 21b. WAS CORONER OR MEDICAL EXAMINER NOTIFIED (SPECIFY YES OR NO): NO — 21c. HOUR OF DEATH: 10:00 A. M.

22a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE: Evelyn T. Currie, M.D. — 22b. DATE SIGNED (MO., DAY, YR.): OCTOBER 14, 1985

22c. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT): EVELYN T. CURRIE M.D. 3303 S. HALSTED, CHICAGO, ILL. 60608 — ILLINOIS LICENSE NUMBER: 22d. 36-55495

23. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT):

NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.

24a. BURIAL, CREMATION, REMOVAL (SPECIFY)	24b. CEMETERY OR CREMATORY—NAME	24c. LOCATION (CITY OR TOWN, STATE)	24d. DATE (MONTH, DAY, YEAR)
Burial	Waxdall Church	Pennington, ALABAMA	10-20-85

25a. FUNERAL HOME NAME (STREET AND NUMBER OR R. F. D., CITY OR TOWN, STATE, ZIP)	25b. FUNERAL DIRECTOR'S SIGNATURE	25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
GOLDEN GATE 2036 W 75th Chicago, ILLINOIS 60620	Ernest E. Woods	31-6787

26a. LOCAL REGISTRAR'S SIGNATURE: Louis C. Edwards, M.D., M.P.A. — 26b. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): OCT 16 1985

VR 200 REV. 5/82 — Illinois Department of Public Health - Office of Vital Records — (BASED ON 1978 U.S. STANDARD CERTIFICATE)

661309

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

DATE ISSUED

APR 11 2008

Damon T. Arnold, M.D., M.P.H.

DAMON T. ARNOLD, M.D., M.P.H.
STATE REGISTRAR

Exhibit "A"

SITUATED IN THE COUNTY OF COOK AND STATE OF ILLINOIS: LOT 47 IN FRANK DE LUGACH SANOLA PARK SUBDIVISION IN THE SOUTH EAST QUARTER OF SECTION 9, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE 3RD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

APN# 25-09-408-003-0000

F/A # 11430665

When recorded return to:
First American Title Insurance
Equity Loan Services
1100 Superior Avenue, Suite 200
Cleveland, Ohio 44114
ATTN: NSS TEAM