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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"

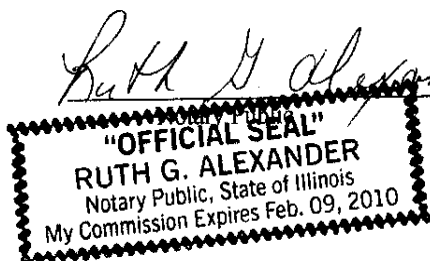
P. I. N. 29-09-408-003-0000

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. 2008.



Stanford Rembert
(affiant signature)

SC
S-4
P-3
M-4
L-4

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STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH - DIVISION OF VITAL RECORDS

REGISTRATION DISTRICT NO. 16.10	STATE OF ILLINOIS		NUMBER	
REGISTERED NUMBER	MEDICAL CERTIFICATE OF DEATH			620445
DECEASED-NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
THELMA REMBERT		2 FEMALE	9. OCTOBER 14, 1985	
RACE (WHITE, BLACK, AMERICAN INDIAN OR DESCENT)		AGE (YEARS, MONTHS, DAYS)	DATE OF BIRTH (MONTH, DAY, YEAR)	
BLACK AMERICAN		44	October 24, 1941	
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION - NAME, ST. AND NO. (IF KNOWN)		IF HOME OR INST. INDICATED, DO NOT WRITE
Chicago		MERCY HOSPITAL & MEDICAL CENTER		7d. INPATIENT
STATE OF BIRTH (IF NOT U.S.A.)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)	
ALABAMA	USA	10. MARRIED	STANFORD REMBERT	
LOCAL SECURITY NUMBER	USUAL OCCUPATION	KIND OF BUSINESS OR INDUSTRY	WAS DECEASED EVER IN U.S. ARMED FORCES (SPECIFY YES OR NO)	
	CLERK	VENTURE	NO	
RESIDENCE STREET AND NUMBER	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	INSIDE CITY (YES/NO)	COUNTY	STATE
349 W. 100TH ST.	CHICAGO	YES	COOK	ILLINOIS
FATHER-NAME FIRST MIDDLE LAST	MOTHER-MAIDEN NAME FIRST MIDDLE LAST			
W. H. DUKES	Sadie			
INFORMANT NAME (TYPE OR PRINT)	RELATIONSHIP	MARITAL ADDRESS (STREET AND NO. OR R. F. D., CITY OR TOWN, STATE, ZIP)		
Margaret A. Kramer	RECORDS	17c. STEVENSON EXT. WY. AT KING DRIVE		
DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
PART I. IMMEDIATE CAUSE				
(a) CARDIO PULMONARY ARREST				
(b) DUE TO OR AS A CONSEQUENCE OF:				
(b) METASTATIC GASTRIC CARCINOMA		3 MONTHS		
(c) DUE TO OR AS A CONSEQUENCE OF:				
PART II. OTHER SIGNIFICANT CONDITIONS, CONDITIONS CONTRIBUTING TO DEATH BUT NOT CAUSING DEATH (PART I OR II)		AUTOPSY (YES/NO)		
		NO		
DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		
I (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON		WAS CORONER OR MEDICAL EXAMINER NOTIFIED (SPECIFY YES OR NO)		HOUR OF DEATH
OCTOBER 14, 1985		NO		10:00 A. M.
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)		
22a. SIGNATURE		22b. OCTOBER 14, 1985		
NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
EVELYN T. CURRIE M.D. 3303 S. HALSTED, CHICAGO, ILL. 60608		36-55495		
23c. 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.		
23.				
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY-NAME	LOCATION	CITY OR TOWN	STATE
24a. Burial	24b. Waldall Church	24c. Pennington	ALABAMA	24d. 10-20-85
FUNERAL HOME	NAME	STREET AND NUMBER OR R. F. D.	CITY OR TOWN	STATE
25a. GOLDEN GATE 2036 W 75th	Chicago, ILLINOIS	60620		
FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. Ernest E. Edwards		25c. 31-6897		
LOCAL REGISTRAR'S SIGNATURE		DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR)		
26a. Damon T. Arnold, M.D., M.P.H.		26b. OCT 16 1985		

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

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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

E/A # 11430665

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