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Doc#: 0817705176 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 06/25/2008 12:48 PM Pg: 1 of 3

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JOINT TENANCY AFFIDAVIT

Prepared by and return to:

Charles T. Newland
Newland, Newland & Newland
121 S. Wilke Road, Suite 101,
Arlington Heights, Illinois 60005.

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Attorneys' Title Guaranty Fund, Inc.
1 S. Wacker Rd., STE 2400
Chicago, IL 60606-4650
Attn: Search Department

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STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. <u>16-D</u>	STATE FILE NUMBER
REGISTERED NUMBER	
DECEASED-NAME FIRST MIDDLE LAST	SEX
1. GERTRUDE DAHM	2. FEMALE
COUNTY OF DEATH	DATE OF DEATH (MONTH DAY YEAR)
4. COOK	3. MAY 7, 1997
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER	DATE OF BIRTH (MONTH DAY YEAR)
6a. ARLINGTON HEIGHTS	5d. APRIL 24, 1916
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)	IF HOSP. OR INST. INDICATE D.O.A. OPERMER RM. INPATIENT (SPECIFY)
7. ARLINGTON HTS., IL	6. MANORCARE HEALTH SERVICES
SOCIAL SECURITY NUMBER	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)
10. 339-24-5481	8b. DOES NOT APPLY
RESIDENCE (STREET AND NUMBER)	KIND OF BUSINESS OR INDUSTRY
900 W. CAMPBELL	11b. EDUCATION
STATE	11c. CITY, TOWN, TWP. OR ROAD DISTRICT NO.
13b. ILLINOIS	13c. ARLINGTON HEIGHTS
FATHER-NAME FIRST MIDDLE LAST	14a. RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) SPECIFY
FRED DAHM	14b. WHITE
15. INFORMANT'S NAME (TYPE OR PRINT)	14c. OF HISPANIC ORIGIN? (SPECIFY "NO" OR "YES"-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)
MARGARET DAHM	14d. YES NO
17a. SISTER	16. MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST
17b. 900 W. CAMPBELL, ARLINGTON HTS., IL	LI.LY WEBER
18. PART I. Immediate Cause (Final disease or condition resulting in death)	18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.
(a) ALZHEIMER DISEASE	19a. AUTOPSY (YES/NO)
(b) DUE TO, OR AS A CONSEQUENCE OF	19b. NO
(c) PAINFUL INJURY	20. DATE OF OPERATION, IF ANY
	20b. MAJOR FINDINGS OF OPERATION
	20c. YES NO
	20d. DATE OF OPERATION (MONTH, DAY, YEAR)
	20e. 5/5/97
	21. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED
	21a. 11:00 AM
	21b. DATE SIGNED (MONTH DAY YEAR)
	21c. 5/8/97
	22. SIGNATURE
	22a. DR. MORRY ROTENBERG, 1538 N. ARLINGTON HTS. RD., ARLINGTON HTS., IL
	22b. ILLINOIS LICENSE NUMBER
	22c. 076 04725
	23. NAME OF ATTENDING PHYSICIAN (TYPE OR PRINT)
	23a. CHRISTOPHER A. MAYER
	23b. 034-015026
	23c. DATE FREED BY LOCAL REGISTRAR (MONTH DAY YEAR)
	23d. 5/9/97
	23e. REGISTERAR
	23f. 11 May 9 1997
	23g. (BASED ON 1989 U.S. STANDARD CERTIFICATE)
	24. BUREAU OF VITAL RECORDS
	24a. ST. PETER LUTHERAN
	24b. ARLINGTON HEIGHTS, IL
	24c. CITY OR TOWN
	24d. MAY 9, 1997
	24e. DATE
	24f. ZIP
	24g. 60004
	25. FUNERAL DIRECTOR'S SIGNATURE
	25a. CHRISTOPHER A. MAYER
	25b. 034-015026
	25c. DATE FREED BY LOCAL REGISTRAR (MONTH DAY YEAR)
	25d. 5/9/97
	25e. REGISTERAR
	25f. 11 May 9 1997
	25g. (BASED ON 1989 U.S. STANDARD CERTIFICATE)

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent in item 1 and that this record was established and filed in my office in accordance with the provisions of Illinois statutes relating to the registrar of birth, stillbirth and death.

Date JUL 17 1997 Signed Nadine McCurry
 At Cook County Department of Public Health Official Title Deputy Registrar
 1010 Lake Street Suite 300 Oak Park, Illinois 60301