

# UNOFFICIAL COPY



Prepared by and Mail to:  
Gerald R. Czarowski  
3501 E. 106<sup>th</sup> St. Ste. 208  
Chicago, IL 60617

Doc#: 0826318030 Fee: \$38.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 09/19/2008 10:39 AM Pg: 1 of 2

## DECEASED JOINT TENANCY AFFIDAVIT OF FAUD JAMIL HADDAD, DECEASED

This affidavit relates to property described as:

LOT 11 IN BLOCK 12 IN HEGEWISCH 1<sup>ST</sup> ADDITION TO HEGEWISCH SECTION 31,  
AND 32, TOWNSHIP 37 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL  
MERIDIAN, IN COOK COUNTY, ILLINOIS.

P.I.N: 26-32-113-023-0000

COMMONLY KNOWN AS: 13350 AVENUE K, CHICAGO, IL 60633

ALICE HADDAD, hereafter referred as the affiant, states under oath that the affiant resides at 13350 Avenue K, Chicago, IL 60633,; that the affiant was acquainted with, FAUD JAMIL HADDAD, the decedent, that at the time of death, the decedent was one of the owners of the property, by virtue of property recorded Joint Tenancy warranty deed. Said property located in Chicago, County of Cook, State of Illinois.

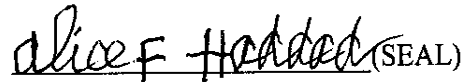
That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interests in property by transfer with retention of a life interest herein or the creation of interests to take effect in possession or enjoyment after death.

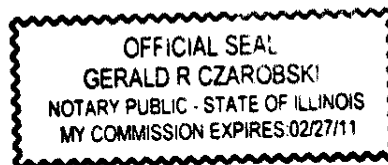
The decedent died on May 5, 2007, leaving no Last Will and Testament. Attached hereto and made a part hereof is his death certificate.

STATE OF ILLINOIS  
SS  
COUNTY OF COOK

Subscribed and Sworn to before me  
this 7<sup>th</sup> day of September, 2008

  
NOTARY PUBLIC

 (SEAL)



# UNOFFICIAL COPY

CITY OF CHICAGO  
DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS

REGISTRATION NUMBER **75.10**

## MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

**606241**

STATE OF ILLINOIS  
COUNTY OF COOK  
CITY OF CHICAGO

**MAY 08 2007**

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



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

DECEASED-NAME <b>FUAD JAMIL HADDAD</b>	SEX <b>2. MALE</b>	DATE OF DEATH <b>3. MAY 5, 2007</b>
CITY OF DEATH <b>4. COOK</b>	DATE OF BIRTH <b>5d. DECEMBER 22, 1935</b>	IF HOSP. OR INST. INDICATE D.O.A. OPERM. RM. INPATIENT (SPECIFY)
CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <b>6a. CHICAGO</b>	HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>6b. 13350 Ave. K</b>	6c. at home
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <b>7. PALESTINE</b>	NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) <b>8a. ALICE ELIAS</b>	9. NO
SOCIAL SECURITY NUMBER <b>10. 331-62-7574</b>	KIND OF BUSINESS OR INDUSTRY <b>11a. STORE OWNER</b>	EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary/Secondary (0-12) <b>12. 12</b> College (1-4 or 6+)
RESIDENCE (STREET AND NUMBER) <b>13a. 13350 Ave. K</b>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <b>13b. CHICAGO</b>	COUNTY <b>13c. YES</b>
STATE <b>13e. ILLINOIS</b>	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) <b>14a. WHITE</b>	13d. <b>COOK</b>
FATHER-NAME FIRST MIDDLE LAST <b>JAMIL HADDAD</b>	14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY: MOTHER-NAME FIRST MIDDLE LAST <b>NOUR HADDAD</b>	14c. <b>COOK</b>
INFORMANT'S NAME (TYPE OR PRINT) <b>17a. SAM HADDAD</b>	RELATIONSHIP <b>17b. SON</b>	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) <b>17c. 13350 Ave. K, Chicago, IL 60633</b>
18. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>(a) LUNG CANCER</b> DUE TO, OR AS A CONSEQUENCE OF <b>(b) DUE TO, OR AS A CONSEQUENCE OF</b> <b>(c) DUE TO, OR AS A CONSEQUENCE OF</b>		
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		
DATE OF OPERATION, IF ANY <b>20a. (DD) (MM) (YY) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON</b> <b>MAY 5, 2007</b>	MAJOR FINDINGS OF OPERATION <b>20b. (DD) (MM) (YY) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON</b> <b>MAY 5, 2007</b>	IF FEMALE: WAS THERE A PREGNANCY IN PAST THREE MONTHS? <b>20c. YES <input type="checkbox"/> NO <input type="checkbox"/></b>
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		
NAME AND ADDRESS OF CERTIFIER <b>22a. Dr. GROSS 929 Ridge Rd Suite 5</b>	TYPE OR PRINT <b>22b. M.D. IN 4032</b>	ILLINOIS LICENSE NUMBER <b>22c. 236481722</b>
NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH AT THE CORNER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
BURIAL CREMATION, REMOVAL (SPECIFY) <b>24a. BURIAL</b>	CEMETERY OR CREMATORY-NAME <b>24b. HOLY CROSS</b>	DATE (MONTH, DAY, YEAR) <b>24d. MAY 7, 2007</b>
FUNERAL HOME STREET AND NUMBER OR R.F.D. <b>25a. OPYT FUNERAL HOME, 13350 S. Baltimore Ave., Chicago, IL 60633</b>		
FUNERAL DIRECTOR'S SIGNATURE <b>25b. HELEN OPYT</b>		
FUNERAL DIRECTOR'S SIGNATURE <b>25c. Helen Opyt</b>		
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26a. MAY 08 2007</b>		
DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) <b>26b. MAY 08 2007</b>		