

UNOFFICIAL COPY





Doc#: 0833103081 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 11/26/2008 02:30 PM Pg: 1 of 3

Title: *Deceased Joint Tenancy Affidavit*

WHEN RECORDED, RETURN TO:
EQUITY LOAN SERVICES, INC.
1100 SUPERIOR AVENUE, SUITE 200
CLEVELAND, OHIO 44114
NATIONAL RECORDING- TEAM 2
ACCOMMODATION RECORDING PER CLIENT REQUEST

PARCEL# *20-19-407-006-0000*

 MILLER
39231810 IL
FIRST AMERICAN ELS
AFFIDAVIT


WHEN RECORDED RETURN TO:
First American Equity Loan Services
1100 Superior Ave Suite 200
Cleveland, Ohio 44114
Attn: _____

Handwritten initials/signature in bottom right corner

OCTOBER 18, 2006

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

DECEASED'S BIRTH NO.		REGISTRATION DISTRICT NO. 18.10		STATE OF ILLINOIS		STATE FILE NUMBER	
REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH					
DECEASED - NAME FIRST MIDDLE LAST 1. Joseph Miller, Jr.		SEX 2. Male		DATE OF DEATH (MONTH, DAY, YEAR) 3. December 13, 2004			
COUNTY OF DEATH 4. Cook		AGE - LAST BIRTHDAY (YEAR) 5a. 67		UNDER 1 YEAR MONTH DAY 5b.		UNDER 1 DAY HOURS MIN 5c.	
DATE OF BIRTH (MONTH, DAY, YEAR) 6. March 20, 1937		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 6a. Chicago				HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 6b. 6719 S. Marshfield	
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. Helena, A R		MARRIED NEVER MARRIED WIDOWED DIVORCED (SPECIFY) 8a. Married		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) 8b. Rosemary Wallace		WAS DECEASED EVER IN ARMED FORCES? (YES/NO) 8c. No	
SOCIAL SECURITY NUMBER 10. 431-66-0833		USUAL OCCUPATION 11a. Supervisor		KIND OF BUSINESS OR INDUSTRY 11b. Rubber Co.		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) Elementary (1-12) Secondary (1-12) College (1-4 or 5+) 12.	
RESIDENCE (STREET AND NUMBER) 13a. 6719 S. Marshfield		CITY, TOWN, TWP. OR ROAD DISTRICT NO. 13b. Chicago		INSIDE CITY (YES/NO) 13c. Yes		COUNTY 13d. Cook	
STATE 13a. IL		ZIP CODE 13b. 60636		RACE (WHITE, BLACK, AMERICAN INDIAN, ALIEN) 14a. Black		OR HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) 14b. NO	
FATHER - NAME FIRST MIDDLE LAST 15. Joseph Miller, Sr.		MOTHER - NAME FIRST MIDDLE LAST (MAIDEN) 15. Willa Beatrice Williams		INFORMANT'S NAME (TYPE OR PRINT) 17a. Andrew Leak			
RELATIONSHIP 17b. Records		MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) 17c. 7038 S. Cottage Grove Chgo. IL 60619					
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.				APPROXIMATE INTERVAL BETWEEN DEATH AND LIST I.	
Immediate Cause (Final disease or condition resulting in death)		(a) PANCREATIC CANCER					
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.		(b) DUE TO, OR AS A CONSEQUENCE OF					
		(c) DUE TO, OR AS A CONSEQUENCE OF					
PART II		Other significant conditions contributing to death but not resulting in the underlying cause given in PART I				AUTOPSY (YES/NO) 19a. No	
DATE OF OPERATION, IF ANY 20a.		MAJOR FINDINGS OF OPERATION 20b.				IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? 20c. YES NO	
I (DID) (DID NOT) ATTEND THE DECEASED (MONTH, DAY, YEAR) AND LAST SAW HIM/HER ALIVE ON 21a. 12/12/04		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO) 21b. No		HOUR OF DEATH 21c. 10:05 PM			
TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		SIGNATURE 22a. Wayne Blake		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) 22b. 9901 S. Western Chicago IL 60643		DATE SIGNED (MONTH, DAY, YEAR) 22c. 12/13/04	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT) 23.		BURIAL, CREMATION, REMOVAL (IF ANY) 24a. Burial		CEMETERY OR CREMATORY - NAME 24b. Mt. Hope		LOCATION CITY OR TOWN STATE 24c. Chicago, Illinois	
DATE (MONTH, DAY, YEAR) 24d. 12/18/2004		FUNERAL HOME NAME 25a. Leak and Sons Funeral Home		STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP 25b. 7838 S. Cottage Grove Chicago, Illinois 60619		FUNERAL DIRECTOR'S SIGNATURE 25c.	
FUNERAL DIRECTOR'S SIGNATURE 25d.		LOCAL REGISTRAR'S SIGNATURE 26a.		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 25c. 031-007489		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) 26b. DEC 30 2004	