



Doc#: 0917446041 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee:\$10.00
Cook County Recorder of Deeds
Date: 06/23/2009 03:32 PM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS
COUNTY OF COOK

(ss.)

Order No. _____

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NIDAL KISHTA

being duly sworn

states that he resides at 8242 S. NASHVILLE in the City of
BURBANK, IL. 60459

That he was acquainted with FAHIM KISHTA

deceased who, at the time of his death, was one of the owners of the land in
COOK County, Illinois, described as:

LOT 2 IN RESUBDIVISION OF LOT 4 IN BLOCK 6 OF RICKER'S ADDITION TO LYONS, A
SUBDIVISION IN THE WEST 1/2 OF THE NORTH WEST 1/4 OF SECTION 2, TOWNSHIP 38 NORTH
RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. (PIN 18-02-107-047-0000)

That the deceased died FEBRUARY 18, 1997, as evidenced by a
certified copy of death certificate of the deceased attached hereto.

That the deceased died:

XX Leaving no Last Will & Testament.

_____ Leaving a Last Will & Testament a copy of which is attached hereto. The
original of the unproven will should be filed with the Clerk of the
Probate Division of the Circuit Court of _____ County,
Illinois.

_____ Leaving a Last Will & Testament which was filed in the Unproven Will
Box of the Probate Division of the Circuit Court of _____
County, Illinois about _____

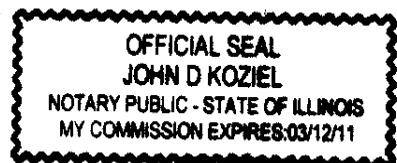
That the total value of the estate of the deceased, including both real and
personal property owned by the deceased either individually or in joint tenancy at
the time of the deceased, does not exceed the sum of \$10,000.00
dollars.

Subscribed and sworn to before me by the said
NIDAL KISHTA

this 28th day of MAY .A.D. 2009

NOTARY PUBLIC

(affiant's signature)



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the record for the person named and that this record was established and filed in my office in accordance with the provisions of the Illinois Statutes relating to the registration of births, stillbirths, and deaths.

DATE: FEB 21 1997
AT: BERWYN, ILLINOIS

SIGNED: Robert C. Rehoua
OFFICIAL TITLE: REGISTRAR

The original record is permanently filed with the ILLINOIS DEPARTMENT OF PUBLIC HEALTH at Springfield. Local registrars are authorized to make certifications from copies of the original record. The Illinois statutes provide that the certification of this record by the Department of Public Health or the local registrar shall be prima facie evidence in all courts and places of the facts therein.

DONE AT CUSTOMER'S REQUEST

"THE SIGNATURES OF THE PARTIES EXECUTING THIS DOCUMENT ARE COPIES AND ARE NOT ORIGINAL SIGNATURES."

PERMANENT CERTIFICATE
 TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 1621
 REGISTERED NUMBER 168

STATE OF ILLINOIS
 MEDICAL EXAMINER'S - CORONER'S
 CERTIFICATE OF DEATH

REGISTERED NUMBER 330 FEB 97

STATE FILE NUMBER

DATE OF DEATH (MONTH, DAY, YEAR)
APRIL 6, 1953

DECEASED-NAME 1 Falton FIRST 1 MIDDLE KISHITA LAST 2 SEX 3 DATE OF BIRTH (MONTH, DAY, YEAR)
18, 1997

COUNTY OF DEATH COOK COUNTY
 CITY/TOWN, TWP. OR ROAD DISTRICT NUMBER Berwyn

AGE-LAST BIRTHDAY (YRS) 43
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN HOME, GIVE STREET AND NUMBER)
McKENZIE HOSPITAL

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) PALESTINE
 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
Married

NAME OF SURVIVING SPOUSE (MARRIAGE NAME IF WIFE)
MASARA

RESIDENCE (STREET AND NUMBER) 4039 S. ROSE
 CITY/TOWN, TWP. OR ROAD DISTRICT NO. LYONS

STATE ILLINOIS ZIP CODE 60534 RACE (WHITE, BLACK, AMERICAN INDIAN, OR HISpanic)
White

FATHER-NAME Abraham FIRST Kishita MIDDLE White LAST 18
 MOTHER-NAME Sarah FIRST Kishita MIDDLE (MAIDEN) LAST

RELATIONSHIP Brother MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
176 4041 S. ROSE LYONS, IL. 60534

DECEASED
 SOCIAL SECURITY NUMBER 346-53-9463
 USUAL OCCUPATION Manager
 KIND OF BUSINESS OR INDUSTRY Retail
 EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)
12

INSIDE CITY (YES/NO) Yes COUNTY COOK
 WAS DECEASED EVER IN U.S. ARMY OR NAVY (YES/NO) NO

PARENTS

INFORMANT'S NAME (TYPE OR PRINT) Nidal Kishita
 17a. 17a

18. PART I. Enter the diseases, injuries or other conditions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heat, etc. List only one cause on each line.
QUESTIONS SCENARIO CARDIOVASCULAR

18. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

1. Immediate Cause (Final disease or condition resulting in death)
 2. QUESTIONS SCENARIO CARDIOVASCULAR
 3. QUESTIONS SCENARIO CARDIOVASCULAR
 4. QUESTIONS SCENARIO CARDIOVASCULAR
 5. QUESTIONS SCENARIO CARDIOVASCULAR

CAUSE

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

N. NATURAL, ACCIDENT, OR UNK. DATE OF INJURY (MONTH, DAY, YEAR)
 P. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY)
 20a. 20a

20b. LOCATION (CITY, VT. OR TOWN, OR TWP., OR RD. DIST. NO., COUNTY, STATE)
20b

20c. HOUR M. 20d. HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I.)
20c

20e. AUTOPSY (YES/NO) NO WERE AUTOPSY FINDINGS AVAILABLE FROM COMPLETED CASE OR DEATH CERTIFICATE? 19b

20f. FEMALE: WAS THERE A PREGNANCY IN LAST MONTH? 20f YES NO

21a. DATE SIGNED (MONTH, DAY, YEAR) 21a 4:48 PM
 21b. DATE SIGNED (MONTH, DAY, YEAR) 21b FEBRUARY 20, 1997

22a. CORONER'S PHYSICIAN'S NAME (TYPE OR PRINT)
BARRY D. LIFSCHULTZ, M.D.

23a. BURNAL, CREMATION, REINTERMENT, etc.
 24a. 24a Parkholm

24b. CEMETERY OR CREMATORY-NAME
24b Grange Park, IL.

25a. FUNERAL HOME
25a Southwest Funeral Home 8230 S. Harlem Ave. Bridgeview, IL 60455

25b. FUNERAL DIRECTOR'S SIGNATURE
25b 634-015038

25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25c FEB 21 1997

26a. LOCAL REGISTRAR'S SIGNATURE
26a

26b. DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26b FEB 21 1997