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Cook County Recorder of Deeds
Date: 02/09/2010 01:48 PM Pg: 1 of 3

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Deceased Joint Tenancy Affidavit

Property of Cook County Clerk's Office

DECEDENT'S BIRTH NO.	REGISTRATION DISTRICT NO. <u>16-23</u>	UNOFFICIAL COPY			STATE OF ILLINOIS	STATE FILE NUMBER	
	REGISTERED NUMBER <u>1612</u>	MEDICAL CERTIFICATE OF DEATH					
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS DECEASED B C D E	DECEASED-NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
	1. <u>Joseph J Leavitt</u>			2. <u>Male</u>	3. <u>December 28, 1998</u>		
	COUNTY OF DEATH		AGE-LAST BIRTHDAY (YRS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	
	4. <u>Cook</u>		5a. <u>84</u>	5b. <u></u>	5c. <u></u>	5d. <u>March 18, 1914</u>	
	CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER			HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)		IF HOSP. OR INST. INDICATE D.O.A. OP/EMER, RM, INFATIENT (SPECIFY)	
6a. <u>Evanston</u>			6b. <u>St. Francis Hospital</u>		6c. <u>Inpatient</u>		
DECEASED B C D E	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)		
	7. <u>Chicago, IL</u>		8a. <u>Married</u>		8b. <u>Theresa F. Rossi</u>		
	SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		
	10. <u>351-24-3217</u>		11a. <u>Inspector</u>		11b. <u>City of Chicago</u>		
	RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP, OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		
13a. <u>5675 N. Kerbs Ave</u>		13b. <u>Chicago</u>		13c. <u>Yes</u>			
STATE		ZIP CODE	RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.)		
13e. <u>Illinois</u>		13f. <u>60646</u>	14a. <u>White</u>		14b. <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES SPECIFY:		
PARENTS	FATHER-NAME FIRST MIDDLE LAST			MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST			
	15. <u>n.a Leavitt</u>			16. <u>Irene Coffey</u>			
1 2 3	INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP	MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)			
	17a. <u>Theresa F. Leavitt</u>		17b. <u>Wife</u>	17c. <u>5675 N. Kerbs Ave Chicago, IL 60646</u>			
CAUSE	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 ONSET AND DEATH	
	Immediate Cause (Final disease or condition resulting in death) <u>Acute Tachyarrhythmia</u>					<u>30 min.</u>	
	CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. (a) DUE TO, OR AS A CONSEQUENCE OF <u>Acute Renal Failure</u>					<u>5 days</u>	
	(b) DUE TO, OR AS A CONSEQUENCE OF <u>Polycythemia vera</u>					<u>7 years</u>	
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. <u>Atherosclerotic embolization</u>						
4 5 N P	DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION		AUTOPSY (YES/NO)	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (YES/NO)	
	20a. <u></u>		20b. <u></u>		19a. <u>No</u>	19b. <u></u>	
	1 (DID) (DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR)			WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)	HOUR OF DEATH		
	21a. <u>December 28, 1998</u>			21b. <u>No</u>	21c. <u>12:12 p.m.</u>		
	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)	
CERTIFIER	22a. SIGNATURE <u>Thomas N. Gynn</u>		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER		
			22c. <u>Thomas N. Gynn MD 800 Austin #202 Evanston, IL 60202</u>		22d. <u>036-035416</u>		
	23. 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.	
DISPOSITION	BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE	DATE (MONTH, DAY, YEAR)	
	24a. <u>Burial</u>		24b. <u>Queen of Heaven</u>		24c. <u>Hillside, Illinois</u>	24d. <u>Dec. 31, 1998</u>	
	FUNERAL HOME NAME STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP						
	25a. <u>Smith-Corcoran Funeral Home 6150 N. Cicero Ave. Chicago, IL 60646</u>						
	FUNERAL DIRECTOR'S SIGNATURE				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER		
25b. <u>Craig Wyszynski</u>				25c. <u>034-012346</u>			
LOCAL REGISTRAR'S SIGNATURE				DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)			
26a. <u>Louise Brown</u>				26b. <u>DEC 30 1998</u>			

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named at Item 1, and that this record was established and filed in my office in accordance with the provisions of the Illinois Vital Records Act.

DATE December 30, 1998 SIGNED Louise Brown
 AT EVANSTON, Illinois OFFICIAL TITLE LOCAL REGISTRAR

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