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Doc#: 1004149000 **Fee:** \$42.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/10/2010 09:16 AM Pg: 1 of 4

DECEASED JOINT TENANCY AFFIDAVIT

PROPERTY LOCATED AT

113 North Eastwood, Mt. Prospect, IL 60056

Property Index Number: 03-34-319-005-0000

Property of Cook County Clerk's Office

UNOFFICIAL COPY

I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death record for the decedent named in item 1, 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: OCTOBER 9, 2001

SIGNED: Margrit Valbek

at Cook County Department of Public Health

Official Title, Chief Deputy Registrar

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER

REGISTRATION DISTRICT NO. <u>16.0</u>	DECEASED-NAME <u>LUCY</u>		FIRST <u>L.</u>	MIDDLE <u>DIPRIMA</u>	LAST <u>DIPRIMA</u>	SEX <u>Female</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>October 6, 2001</u>
COUNTY OF DEATH <u>Cook</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER <u>Arlington Heights</u>	AGE-LAST BIRTHDAY (YRS) <u>5a. 72</u>	HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <u>Manorcare</u>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) <u>May 19, 1929</u>	IF FLICP OR INST. INDICATE D.O.A. OR M.F.R.M. INPATIENT (SPECIFY) <u>Inpatient</u>
BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Chicago, IL</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <u>Married</u>	NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) <u>Carl D. DiPrima</u>	KIND OF BUSINESS OR INDUSTRY <u>At home</u>	EDUCATION (SPECIAL OR HIGHEST GRADE COMPLETED) <u>Elementary</u>	INSIDE CITY (YES/NO) <u>Yes</u>	COUNTY <u>Cook</u>	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO) <u>No</u>
SOCIAL SECURITY NUMBER <u>9577</u>	USUAL OCCUPATION <u>Homemaker</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>11b. At home</u>	12. <u>1</u>	13. <u>1</u>	14. <u>Yes</u>	15. <u>Yes</u>	16. <u>Yes</u>
RESIDENCE (STREET AND NUMBER) <u>113 North Eastwood Avenue</u>	CITY, TOWN, TWP. OR ROAD DISTRICT NO. <u>13b. Mount Prospect</u>	17. <u>1</u>	18. <u>1</u>	19. <u>1</u>	20. <u>1</u>	21. <u>1</u>	22. <u>1</u>
STATE <u>Illinois</u>	ZIP CODE <u>60056</u>	RACE (WHITE, BLACK, AMERICAN INDIAN, ETC.) (SPECIFY) <u>White</u>	OF HISPANIC ORIGIN? (SPECIFY YES OR NO OR YES-IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, ETC.) <u>No</u>	MOTHER-NAME <u>Lucy</u>	FATHER-NAME <u>Herbert</u>	RELATIONSHIP <u>Spouse</u>	17a. <u>Carl D. DiPrima</u>
18. PART I Immediate Cause (Final disease or condition resulting in death) <u>Pulmonary JA</u>	19. <u>1</u>	20. <u>1</u>	21. <u>1</u>	22. <u>1</u>	23. <u>1</u>	24. <u>1</u>	25. <u>1</u>
CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. <u>Due to OR AS A CONSEQUENCE OF</u>	(b) <u>Due to OR AS A CONSEQUENCE OF</u>	(c) <u>Due to OR AS A CONSEQUENCE OF</u>	PART II. Open significant conditions contributing to death but not resulting in the underlying cause in PART I. <u>Major findings of operation</u>				
DATE OF OPERATION, IF ANY <u>9/26/01</u>	MAJOR FINDINGS OF OPERATION <u>Pulmonary JA</u>	19a. <u>No</u>	19b. <u>No</u>	20c. <u>Yes</u>	20d. <u>No</u>	21c. <u>3:00 P.M.</u>	21d. <u>3:00 P.M.</u>
22a. SIGNATURE <u>[Signature]</u>	22b. <u>Oct. 8, 2001</u>	22c. <u>60004</u>	22d. <u>036-04821</u>	NOTE: IF AN INQUIRY WAS INVOLVED IN THIS DEATH, THE CORPSE OR MEDICAL EXAMINER MUST BE NOTIFIED.			
23. NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) <u>Karen L. Scott, M.D., 1538 N. Arlington Heights Rd., Arl. Hts., IL</u>	23a. <u>60004</u>	23b. <u>IL</u>	23c. <u>036-04821</u>	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Chicago, IL</u>			
24a. <u>Des Plaines, Illinois</u>	24b. <u>Illinois</u>	24c. <u>Illinois</u>	24d. <u>Illinois</u>	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Chicago, IL</u>			
25a. <u>320 West Central Road, Mount Prospect, IL 60056</u>	25b. <u>Illinois</u>	25c. <u>Illinois</u>	25d. <u>Illinois</u>	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Chicago, IL</u>			
26a. <u>Karen L. Scott, M.D.</u>	26b. <u>October 9, 2001</u>	26c. <u>Illinois</u>	26d. <u>Illinois</u>	BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) <u>Chicago, IL</u>			

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DATE OF OPERATION, IF ANY: 9/26/01

MAJOR FINDINGS OF OPERATION: Pulmonary JA

DATE OF BIRTH: May 19, 1929

DATE OF DEATH: October 6, 2001

REGISTRATION DISTRICT NO.: 16.0

STATE FILE NUMBER: _____

STATE OF ILLINOIS

DEPARTMENT OF PUBLIC HEALTH

CHIEF DEPUTY REGISTRAR

APPROVED (Rev. 5-89)

Illinois Department of Public Health—Division of Vital Records

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ATTORNEYS' TITLE GUARANTY FUND, INC.

LEGAL DESCRIPTION

Legal Description:

Lot 18 in Block 17 in Prospect Manor, being a Subdivision of part of the South 3/4 of the West 1/2 of the West 1/2 of Section 34, Township 42 North, Range 11, East of the Third Principal Meridian, as per Plat thereof recorded March 6, 1926 as Document Number 9199191.

Permanent Index Number:

Property ID: 03-34-319-005-0000

Property Address:

113 North Eastwood Avenue
Mount Prospect, IL 60056

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