

UNOFFICIAL COPY



Doc#: 1005749000 Fee: \$38.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 02/26/2010 10:03 AM Pg: 1 of 2

DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

Carole Ferguson, being duly sworn states that she resides at 14532 S. Kolmar Avenue, Midlothian, IL 60445.


That she was acquainted with Donnie Ferguson, deceased, who at the time of his death was one of the owners of the land in Cook County, Illinois, described as:

Lot 9 in Duskin's Subdivision being a subdivision of Block 11 and the West 33 feet of Block 6 in 1st addition to Midlothian Gardens being a subdivision of part of the northwest ¼ of Section 10, Township 36 North, Range 13 East of the Third Principal Meridian, in Cook county, Illinois

Permanent Index Number(s): 28-10-121-005-0000
Property Address: 14532 S. Kolmar Avenue, Midlothian, IL 60445

That the deceased died August 26, 2009, as evidenced by a certified copy of death certificate of the deceased attached hereto.

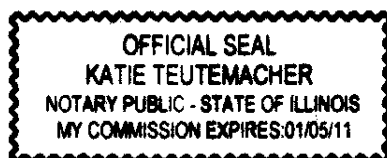
That the deceased died without leaving a Last Will & Testament.


CAROLE FERGUSON

Subscribed and sworn to before me
by the said Carole Ferguson this
17th day of ~~December, 2009.~~
January 2010


Notary Public

This document was prepared by
and mail to:
Greco Law Offices
925 N. Plum Grove Road, Suite A
Schaumburg, IL 60173
(847) 240-2800



UNOFFICIAL COPY

STATE OF COLORADO
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
HOLD TO LIGHT TO VIEW WATERMARK

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last) Donnie FERGUSON
2. SEX M
3. DATE OF DEATH (Month, Day, Year) August 26, 2009
4. SOCIAL SECURITY NUMBER 404-80-8893
5a. AGE - Last Birthday (Years) 55
5b. UNDER 1 YEAR Mos Days
5c. UNDER 1 DAY Hrs Mins
6. DATE OF BIRTH (Month, Day, Year) February 21, 1954
7. BIRTHPLACE (City and State or Foreign Country) Owenton, Kentucky
8. WAS DECEDENT EVER IN U.S. ARMED FORCES?
9a. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify) Interstate 76
9b. FACILITY NAME (If not institution, give street and number) mile marker 101, I-76
9c. CITY, TOWN, OR LOCATION OF DEATH Rural Washington Co, CO
9d. COUNTY OF DEATH Washington
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "street") School Bus Driver
10b. KIND OF BUSINESS/INDUSTRY Transportation
11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married
12. SPOUSE (If wife, give maiden name) Carole Teutemacher
13a. RESIDENCE - STATE IL
13b. COUNTY Cook
13c. CITY, TOWN, OR LOCATION Midlothian
13d. STREET AND NUMBER 14532 Kolmar
13e. INSIDE CITY LIMITS? Yes
13f. ZIP CODE 60445
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) No
15. RACE: American Indian, Black, White, etc. (Specify) White
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (0 through 12) College (13 through 16 or 17+) 12

PARENTS

17. FATHER-NAME (First, Middle, Last) Roy Ferguson
18. MOTHER-NAME (First, Middle, Last (Maiden Name)) Gladys (Unknown)
19. INFORMANT-NAME and relationship to decedent. Carole Ferguson, Wife

DISPOSITION

20a. METHOD OF DISPOSITION: Burial, Cremation, Removal from State, Donation, Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Lakewood Crematory
20c. LOCATION - City or Town, State Lakewood, Colorado
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH [Signature]
21b. NAME AND ADDRESS OF FACILITY: Brenner Funeral Home Aspen Mortuary, 1350 Simms St, Lakewood, CO 80401

CERTIFIER

22a. REGISTRAR'S SIGNATURE [Signature]
22b. DATE FILED (Month, Day, Year) September 14, 2009
23. TIME OF DEATH 11:34 AM
24. DATE PRONOUNCED DEAD (Month, Day, Year) August 26, 2009
25. WAS CORONER NOTIFIED? (Yes or No) Yes
26. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
27. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated.
28. DATE SIGNED (Month, Day, Year) September 1, 2009
29. DATE SIGNED (Month, Day, Year) September 1, 2009
30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER/CORONER (Type/Print) Cheryl Kraich, Deputy Coroner, PO Box 505, Akron, CO ZIP: 80720
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)

CAUSE OF DEATH

32. MANNER OF DEATH: Natural, Pending Investigation, Accident, Suicide, Undetermined Manner, Homicide
33a. DATE OF INJURY (Month, Day, Year) 8/26/09
33b. TIME OF INJURY 11:34 AM
33c. INJURY AT WORK? Yes No
33d. DESCRIBE HOW INJURY OCCURRED Unbelted passenger ejected during rollover MVA at highway speed
33e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Interstate 76
33f. LOCATION (Street and Number or Rural Route Number, City, County, State) mile marker 101, I-76
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.
PART I (a) Multiple blunt force injuries
(b) DUE TO OR AS A CONSEQUENCE OF
(c) DUE TO OR AS A CONSEQUENCE OF
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, smoker) Emphysema, mild atherosclerosis
35. AUTOPSY (Yes or No) Yes
36. IF YES were findings considered in determining cause of death? Yes

DATE ISSUED SEP 14 2009

Ronald S. Hyman

RONALD S. HYMAN
STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



REV 07/06

