

# UNOFFICIAL COPY



Doc#: 1008331096 Fee: \$40.00  
Eugene "Gene" Moore RHSP Fee: \$10.00  
Cook County Recorder of Deeds  
Date: 03/24/2010 12:27 PM Pg: 1 of 3

## DECEASED JOINT TENANCY AFFIDAVIT

STATE OF ILLINOIS ]  
COUNTY OF COOK ]

WILLIAM J. REICH being duly  
sworn states that I resides at 3041 S.  
SPRINGFIELD Ave in the City of CHICAGO  
ILLINOIS

That I was acquainted DIAN J. REICH (WIFE)  
deceased who, at the time of \_\_\_\_\_  
HER death, was one of the owners of the land in \_\_\_\_\_  
COOK County, Illinois, described as:

P.I.N. 16-26-326-015-0000

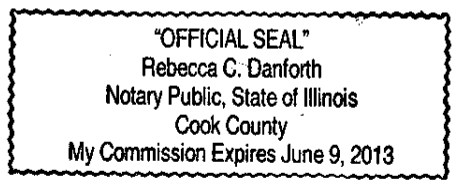
That the deceased died Feb 22, 2008  
as evidenced by a certified copy of death certificate of the  
deceased attached hereto.

*William J Reich*

Subscribed and sworn to before me by the said  
William J Reich

this 24<sup>th</sup> day of March, A.D. 19 2010

Rebecca C Danforth (Notary)



# UNOFFICIAL COPY

Lot 33 in Block 15 in Calvin F. Taylor's Subdivision of Block 11, 12, 14 and 15  
in Goodwin, Balestier and Phillip's Subdivision of the West  $\frac{1}{2}$  of the Southwest  $\frac{1}{4}$   
of Section 26, Township 39 North, Range 13, EAST OF THE Third Principal Meridian.

together with all the appurtenances and privileges thereto belonging or appertaining.

Permanent Real Estate Index Number(s): 16-26-325-015

Address(es) of premises: 3041 S. SPRINGFIELD, CHICAGO, IL

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## STATE OF ILLINOIS CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. **16.10**

LOCAL FILE NUMBER **602573**

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (Include AKAs if any) (First, Middle, Last)  
**Dian J. Reich**

2. SEX  
**Female**

3. DATE OF DEATH (Month/Day/Year) (Specify Month)  
**February 22, 2008**

4. COUNTY OF DEATH  
**Cook**

5a. AGE AT LAST BIRTHDAY (Years)  
**66**

5b. UNDER 1 YEAR  
Months Days

5c. UNDER 1 DAY  
Hours Minutes

6. DATE OF BIRTH (Month/Day/Year)  
**March 26, 1941**

7a. CITY OR TOWN  
**Chicago**

7b. HOSPITAL OR OTHER INSTITUTION NAME (if not in either, give street and number)  
**Saint Anthony Hospital**

7c. PLACE OF DEATH (Check only one; see instructions)

IF DEATH OCCURRED IN A HOSPITAL  
 Inpatient  Emergency/Outpatient  Dead on Arrival

IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL  
 Hospice facility  Nursing home/long-term care facility  Decedent's home  Other (Specify)

8. BIRTHPLACE (City and State or Foreign Country)  
**Chicago, IL**

9. SOCIAL SECURITY NUMBER  
**338-32-3563**

10. MARITAL STATUS AT TIME OF DEATH  
 Married  Married but separated  Widowed  
 Divorced  Never Married  Unknown

11. SURVIVING SPOUSE'S NAME (If wife, give full name prior to first marriage)  
**William Reich**

12. EVER IN U.S. ARMED FORCES?  
 Yes  No

13a. RESIDENCE (Street and Number)  
**3041 S Springfield**

13b. APT. NO.

13c. CITY OR TOWN  
**Chicago**

13d. COUNTY  
**Cook**

13e. STATE  
**IL**

13f. ZIP CODE  
**60623**

14. FATHER'S NAME (First, Middle, Last)  
**Joseph Oposnow**

15. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)  
**Eva Kurza**

16a. ROSARIO LOPEZ

16b. RELATIONSHIP  
**Hospital Records**

16c. MAILING ADDRESS (Street and No., City or Town, State, ZIP Code)  
**2875 W 19th St, Chicago, IL 60623**

17. METHOD OF DISPOSITION  
 Burial  Cremation  Donation  Entombment  Other (Specify)

18. PLACE OF DISPOSITION (Name of cemetery, crematory, other)  
**St. Columba**

19. LOCATION - CITY, TOWN AND STATE  
**4401 W. 111th St Chicago, IL 60655**

20. DATE OF DEPOSITION (Month/Day/Year)

21a. FUNERAL HOME NAME  
**PARKSIDE CHAPELS & CREMATION SERVICES 5948 ARCHER AVE CHICAGO, IL 60638**

21b. FUNERAL DIRECTOR'S SIGNATURE  
*Jeffrey Wolowicz*

21c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER  
**034-012263**

22. LOCAL REGISTRAR'S SIGNATURE  
*Cheryl Williams*

23. DATE FILED WITH LOCAL REGISTRAR (Month/Day/Year)  
**022708**

24. CAUSE OF DEATH (See instructions and examples)

25. WAS AN AUTOPSY PERFORMED?  Yes  No

26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?  Yes  No

27. DID TOBACCO USE CONTRIBUTE TO DEATH?  
 Yes  Probably  No  Unknown

28. IF FEMALE:  
 Not pregnant within past 12 months  
 Not pregnant, but pregnant within 42 days of death  
 Not pregnant, but pregnant 43 days to 1 year before death

29. MANNER OF DEATH  
 Natural  Suicide  Could not be determined  
 Accident  Homicide  Pending investigation

30. DATE OF INJURY (Month/Day/Year)

31. TIME OF INJURY  
 A.M.  P.M.

32. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area)

33. INJURY AT WORK?  
 Yes  No

34. LOCATION OF INJURY - Street and Number, Apartment Number, City or Town, State, ZIP Code

35. DESCRIBE HOW INJURY OCCURRED:

36. IF TRANSPORTATION INJURY, SPECIFY:  
 Driver/Operator  Pedestrian  Passenger  Other (Specify)

37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON **2/21/08**

38. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

39. DATE PRONOUNCED (Month/Day/Year)  
**February 22, 2008**

40. TIME OF DEATH  
**7:30**  A.M.  P.M.

41. CERTIFIER (Check only one):  
 Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  
 Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.  
 Medical Examiner/Coroner - 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 stated.

43. PHYSICIAN'S LICENSE NUMBER  
**036-113459**

42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)  
**Dr Jonatan Valdez, 2875 W 19th St, Chicago, IL 60623**

44. TITLE OF CERTIFIER  
**This is to certify that this is a true and correct copy of an official death record filed with the Department of Public Health.**

45. DATE CERTIFIED (Month/Day/Year)

46. SIGNATURE OF CERTIFIER  
*Cheryl Williams MD*

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  
**6 DAYS**  
**6 DAYS**  
**6 DAYS**

47. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year) AND LAST SAW HIM/HER ALIVE ON

48. WAS MEDICAL EXAMINER OR CORONER CONTACTED?  Yes  No

49. DATE PRONOUNCED (Month/Day/Year)

50. TIME OF DEATH

51. CERTIFIER (Check only one):

52. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)

53. TITLE OF CERTIFIER

54. DATE CERTIFIED (Month/Day/Year)

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