



Doc#: 1029347064 Fee: \$40.00
Eugene "Gene" Moore RHSP Fee: \$10.00
Cook County Recorder of Deeds
Date: 10/20/2010 03:27 PM Pg: 1 of 3

DECEASED JOINT
TENANCY AFFIDAVIT

STATE OF ILLINOIS)
COUNTY OF)

Cook

_____ being duly
sworn states that Delores parker resides at 9849 S
Winston in the City of Chicago
Illinois 60670

That he was acquainted Husband
William A. parker deceased who, at the time of his
death, was one of the owners of the land in Cook
County, Illinois, described as:

P.I.N. 25-08-104-066-0000

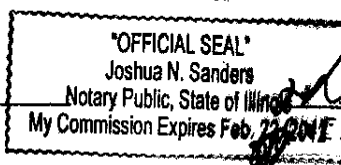
That the deceased died May 4 2010
as evidenced by a certified copy of death certificate of the
deceased attached hereto.

Subscribed and sworn to before me by the said

Delores Parker

this 20th day of October, A.D. 2010

Joshua N. Sanders
Notary Public



Delores Parker
(Affiant signature)

UNOFFICIAL COPY

That part of lot 22 commencing on the East line of Winston Avenue 234 feet south of the north west corner of said lot 22. thence easterly parallel with the north line of said lot to the west line of Loomis street thence north along the west line of Loomis street to a point in a line 199 feet south of and parallel to the north line of said lot thence westerly thence south 35 feet to the place of beginning in Block 3 in Hillside and Cobbin's first addition to Washington Heights of the East Half of the north east quarter of section 7 in the north west quarter of section 8, Township 32 north, Range 14 East of the third principal Meridian, in Cook County, Illinois. commonly known 9849 S. Winston

25-08-104-066-0000

Chicago Ill
606112

UNOFFICIAL COPY

CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2010 0035974		MEDICAL EXAMINER'S CASE NUMBER 065 MAY 10		DATE ISSUED 05/20/2010	
DECEDENT'S LEGAL NAME WILLIAM PARKER			SEX MALE	DATE OF DEATH MAY 04, 2010	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH DECEMBER 26, 1934		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME CHRIST HOSPITAL & MED CNTR			
PLACE OF DEATH INPATIENT		BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER [REDACTED] 0032	MARITAL STATUS AT TIME OF DEATH MARRIED
RESIDENCE 9242 S MAY		APT. NO.	CITY OR TOWN CHICAGO		EVER IN U.S. ARMED FORCES? YES
COUNTY COOK	STATE IL	ZIP CODE 60620	FATHER'S NAME WILLIAM CHAPPELLE		MOTHER'S NAME PRIOR TO FIRST MARRIAGE BERNICE PARKER
INFORMANT'S NAME DELORES PARKER		RELATIONSHIP WIFE	MAILING ADDRESS 9242 S MAY, CHICAGO, IL, 60620		
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION THE LAKES CREMATORY	LOCATION - CITY OR TOWN AND STATE LAKE VILLA, IL	DATE OF DISPOSITION MAY 14, 2010	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489		
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR MAY 18, 2010		
CAUSE OF DEATH PART I. PULMONARY THROMBOEMBOLISM					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of):			
		b. DEEP VEIN THROMBOSIS			
		c. SUBDURAL HEMATOMA DUE TO FALL			
		Due to (or as a consequence of):			
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
OBSESITY			WAS AN AUTOPSY PERFORMED? YES		
DID TOBACCO USE CONTRIBUTE TO DEATH?			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? YES		
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH ACCIDENT		
DATE OF INJURY MAY 4, 2010		TIME OF INJURY UNKNOWN	PLACE OF INJURY DECEDENT'S RESIDENCE	INJURY AT WORK? NO	
LOCATION OF INJURY 9242 S MAY STREET, CHICAGO, IL, 60620					IF TRANSPORTATION INJURY, SPECIFY:
DESCRIBE HOW INJURY OCCURRED: SUBJECT HAS BEEN IMMOBILIZED SINCE FALL AT HOME CAUSING A SUBDURAL HEMATOMA					
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MAY 04, 2010	TIME OF DEATH 05:10 PM	
CERTIFIER MEDICAL EXAMINER/CORONER				DATE CERTIFIED MAY 05, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NANCY L JONES MD, 2121 W HARRISON ST, CHICAGO, IL, 60612				PHYSICIAN'S LICENSE NUMBER	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE